



COUNTY BOROUGH OF DERBY

ANNUAL REPORT

OF THE

Medical Officer of Health

AND

Principal School Medical
Officer

1968



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1968

By

V. N. LEYSHON, M.D. (LOND.), D.P.H.

CONTENTS

	<i>page</i>
Introduction and Staff ...	4—10
I General ...	11—19
II Maternity and Child Welfare ...	20—37
III Dental Services ...	38—42
IV Schools and School Children ...	43—64
V Prevalence of, and Control over, Infectious and other Diseases	65—77
VI Tuberculosis ...	78—83
VII Mental Health ...	84—100
VIII Socio-Medical Work ...	101—104
IX Miscellaneous ...	105—120
X Environmental Health ...	121—143
Index ...	144—145

Public Health Department,
Castlefields House,
Main Centre,
Derby, DE1 2FL.

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH AND EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1968.

On the 1st April, 1968, the Derby Order became effective; the County Borough boundary was extended to increase the area of the Borough from 8,116 acres to 18,951 acres. The estimated mid-year population increased from 127,910 (1966) to 221,260 (1968). However, to facilitate calculation of valid birth and death rates, the Registrar General has assessed a mid-year (1968) population of 198,030, this being a weighted average of the mid-year population of the area as constituted before and after the change. The birth rate has fallen from 18.22 (1967) to 17.7 (1968). The death rate has fallen from 12.44 (1967) to 11.2 (1968). The still-birth rate has fallen from 17.69 (1967) to 15.2 (1968). The infantile death rate has fallen from 22.30 (1967) to 16.8 (1968). There were no maternal deaths during 1968.

The Department moved into new office accommodation in February, 1968, the move being accomplished over a weekend with the minimum of inconvenience to staff and public alike.

A gratifying step forward in the field of care of the mentally sub-normal was made in June, when the first trainees were admitted to the Wetherby Industrial Unit. Details of the work of the Unit will be found in the body of the report.

With the appointment of a full-time Chiropodist it was possible to extend the Chiropody service to include domiciliary care. Experience has shown that demand for this service is considerable and is in danger of outstripping available resources.

I should like to close on a personal note and thank you Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the Officers of other departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service during what has been a particularly busy and eventful year.

I should like to welcome the staff transferred from the authorities affected by the boundary extension and trust they, having assimilated any changes in system of administration are happy in their duties.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

V. N. LEYSHON.

COUNTY BOROUGH OF DERBY

HEALTH COMMITTEE at 31.12.68

Chairman: COUNCILLOR L. A. FREEMAN.

Deputy Chairman: COUNCILLOR MRS. E. M. O'DONNELL.

ALDERMAN LAMB.	COUNCILLOR MISS GRIMWOOD-TAYLOR.
" SIMMS.	GUEST.
" MRS. WOOD.	HEAP.
COUNCILLOR BAIRD.	" JOHNSON.
" BENTLEY.	MRS. PENN.
" CURZON.	MRS. SWAINSON.
" GLEW.	WALKER.
" H. A. GREY.	WEBB.

Functions:—Duties under the relevant Acts in relation to:—

- Ambulance Service.
- Care of Mothers and Young Children (including Day Nurseries).
- Welfare Foods.
- Care and After Care.
- Domestic Help.
- Home Nursing.
- Health Visiting.
- Mental Health.
- Midwifery.
- Vaccination and Immunisation.
- General Administration.
- To receive minutes of the Sanitary Sub-Committee.

SANITARY SUB-COMMITTEE at 31.12.68

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN LAMB.	COUNCILLOR GLEW.
" SIMMS.	HEAP.
" MRS. WOOD.	MRS. PENN.
COUNCILLOR BAIRD.	" MRS. SWAINSON.

Functions:—Duties under the relevant Acts in relation to:—
Environmental Hygiene.

EDUCATION COMMITTEE at 31.12.68

Chairman: ALDERMAN TILLETT.

Deputy Chairman: COUNCILLOR C. ROWLEY.

ALDERMAN LAMB.		COUNCILLOR MRS. LATHAM.
" MRS. MACK.	"	MACDONALD.
" MCANULTY.	"	MRS. O'BRIEN.
" MRS. PENDRY.	"	MRS. O'DONNELL.
" MRS. WOOD.	"	PARSONS.
COUNCILLOR BAIRD.		MRS. SWAINSON.
" BEASTALL.	"	A. E. WEAVER.
" BURNS.	*ALDERMAN W. A. W. BEMROSE.	
" COLLIS.	*MR. G. JOHN.	
" L. V. GREY.	*REV. J. K. LLOYD-WILLIAMS.	
" MRS. HOGBEN.	*MR. D. MONTAGUE.	
" MRS. HONEY.	*REV. D. E. ROWLAND.	
" KEENE.	*MR. E. TINGLE.	

SPECIAL SERVICES SUB-COMMITTEE at 31.12.68

Chairman: ALDERMAN MRS. MACK.

Deputy Chairman: COUNCILLOR MRS. BURNS.

ALDERMAN MRS. PENDRY.		COUNCILLOR MRS. O'DONNELL.
" TILLETT.	"	ROWLEY.
" MRS. WOOD.	"	A. E. WEAVER.
COUNCILLOR MRS. BEASTALL.		*REV. J. K. LLOYD-WILLIAMS.
" MRS. COLLIS.		*MR. D. MONTAGUE.
" MRS. HONEY.		*REV. D. E. ROWLAND.
" MRS. LATHAM.		*MR. E. TINGLE.

Functions:—The School Health Service.

* *Co-opted Members.*

STAFF at 31.12.68

MEDICAL

Medical Officer of Health and Principal School Medical Officer:—

V. N. LEYSHON, M.D. (Lond.), D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—

J. E. MASTERSON, M.B., Ch.B., D.P.H.

Senior Medical Officer:—(Establishment 2).

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

Senior Assistant Medical Officer:—

M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast).

School Medical Officers:—

N. M. ADAMS, M.B., Ch.B.

J. R. FOX, M.B., Ch.B.

E. B. HAZLEWOOD, M.B., B.S., D.C.H.

C. L. NOBLE, M.R.C.S., L.R.C.P.

*A. DALZIEL, M.B., Ch.B.

*J. DOUGLAS, M.D., D.P.H.

Chest Physician:—

H. L. MATTHEWS, M.D., L.R.C.P., Consultant General Physician.

Consultants:—

*H. G. EVANS, F.R.C.S.(I), D.L.O.

E.N.T. Surgeon.

*T. G. G. DAVIES, F.R.C.S., D.O.

Ophthalmic Surgeon.

*R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.

Obstetrician and Gynaecologist.

*N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic).

Obstetrician and Gynaecologist.

Psychiatrist:—

*V. PILLAI, M.B., B.S., D.C.H., D.P.M.

Orthopaedic Surgeon:—

*W. H. G. PATTON, M.Ch. (Orth.)

DENTAL

Principal School Dental Officer:—

F. GROSSMAN, L.D.S. (Q.U. Belfast).

Senior Dental Officer:—

M. RIGBY, L.D.S., R.F.P.S. (Glas.)

Assistant Dental Officer:—

*J. G. ROBERTS, B.D.S.

Anaesthetists:—

*E. ANDERSON, M.B., Ch.B., D.A.

*R. BLAIR, M.A., M.B., Ch.B.

Dental Auxiliary:—

MRS. R. M. KNOWLES.

Dental Surgery Assistants:— 5.

NON-MEDICAL

Administration Officer:—

J. F. HARDING, D.M.A.

Senior Administrative Assistant:—

T. H. LIMBERT.

Administrative Assistants:—(Establishment 2). (Posts vacant).

Clerks:—

Health Department—46.

SCHOOL HEALTH SERVICE:—

Administrative Officer:—H. WOODGATE.

Administrative Assistant:—M. M. WIBBERLEY.

Clerks:—15.

Senior Medical Social Worker:—

R. L. CARABINE, A.I.M.S.W.

Medical Social Workers:—8. (Establishment 8).

Senior Mental Welfare Officer:—

F. F. WRIGHT.

Mental Welfare Officers:—9. (Establishment 10).

Psychiatric Social Workers:—

Health Department (Establishment 1). (Post vacant).

School Health Service (Establishment 2). (Posts vacant).

Occupational Therapist/Rehabilitation Officer:—

MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma.

Occupational Therapist:—(Establishment 3).

*MRS. G. E. KEELING, M.A.O.T. Diploma.

Craft Instructor:—(Establishment 2). (Posts vacant).

Home Help Organiser:—

MISS S. T. ECCLES.

Deputy Home Help Supervisors:—(Establishment 2).

MRS. J. A. SMITHERS.

MRS. D. STAFFORD.

Home Helps—214 (Part-time).

Health Education Officer:—(Establishment 1). (Post vacant).

Psychologist:—

School Health Service.

R. B. CLAIBORNE, Ph.D. (New York), B.Sc.

K. DAVIES, B.A.(Psych.) Hons. Certificate in Social Science;
Certificate in Child Care.

Senior Speech Therapist:—

*MISS A. M. FLEMING, L.C.S.T.

Speech Therapist:—

MRS. R. D. FISHER, L.C.S.T.

Remedial Teachers:—

MISS D. M. HARDY, National Foebel Certificate.

MRS. F. N. RODWELL, B.A., Certificate in Education.

Remedial Gymnast:—

G. SOMMERVILLE, M.S.R.G.

Training Centre and Special Care Unit:—

Training Supervisor—MISS V. M. ROBINSON, C.A.M.W. Diploma.

TRAINING CENTRE:—

Assistant Supervisors—5 (Establishment 5).

Trainee/Assistant Supervisor—2 (Establishment 2).

Trainee—1 (Establishment 1).

**Guides*—7.

Domestics—6. (5 Part-time, 1 Full-time).

Caretaker—1.

Special Care Unit:—

Supervisor—MRS. P. L. JEPSON, R.S.C.N.

Assistant Supervisors—5 (Establishment 6).

**Domestics*—1.

**Guides*—2.

Manager—Wetherby Industrial Unit:—

K. G. HOPKINSON.

Industrial Unit Officers—8. (Establishment 9).

Caretaker—1.

**Guide*—1.

Domestics—2 Full-time, 4 Part-time.

Supervisor of Day Nurseries:—

MRS. M. R. MOSS, S.R.N., Nursery Diploma.

Day Nurseries:—

Matrons—5. (Establishment 5).

Deputy Matrons—5. (Establishment 5).

Staff Nursery Nurses—28. (Establishment 27). (1 held against Wardens' Posts).

Nursery Students—31. (Establishment 31).

Wardens—1. (Establishment 4).

Domestics—7 Full-time, 6 Part-time.

Caretaker—1.

Seamstresses—2.

Superintendent Health Visitor:—

MISS J. HEADINGTON, S.R.N., H.V., Housekeeping Certificate.

Deputy Superintendent Health Visitor:—

MISS A. D. LATHAM.

Health Visitors—16 (including 3 Part-time). (Establishment 30).

S.R.N.s 8 { Held against

Student H.V.s 4 { H.V. Posts.

Infectious Diseases Visitor—1. (Establishment 1).

Infectious Diseases S.R.N.—1. (Establishment 1).

School Health Nurses—4. (Establishment 8).

Tuberculosis Visitors—2. (Establishment 2).

State Registered Nurse—(Establishment 1). (Post vacant)—T.B.

State Registered Nurse—1 (Part-time). (Establishment 1).—Cytology.

Interpreter—1 (Sessional). (Establishment 1).

Superintendent of Home Nursing Service:—

MISS D. M. CLEWES, S.R.N., S.C.M., H.V.

Deputy Superintendent:—

N. G. KING, S.R.N.

Home Nurses—33. (Establishment 33).

Bath Attendants—8.

Non-Medical Supervisor of Midwives:—

MRS. D. M. BIGGS, S.R.N., S.C.M., R.M.N., R.M.P.A.

Domiciliary Midwives—23. (Establishment 24).

Chiropodists:—(Establishment 4).

*MRS. E. MULLINEUX, S.R.Ch.

*MRS. A. GREATOREX, S.R.Ch.

MRS. P. WAINWRIGHT, S.R.Ch.

Chiropody Clinic Assistant—1. (Establishment 3).

Chief Public Health Inspector:—

R. DAVIES, M.S.I.A.

Deputy Chief Public Health Inspector:—

A. WENN, M.S.I.A.

Senior Public Health Inspectors:—4. (Establishment 4).

Public Health Inspectors—(All branches) 12. (Establishment 12).

Assistant Industrial Smoke Inspector—1.

Smoke Survey Assistants—2. (Establishment 4).

Technical Assistants—2. (Establishment 5).

Trainee Public Health Inspectors—4. (Establishment 6).

Authorised Meat Inspectors—2. (Establishment 2).

Pest Control Officer—1.

Rodent Operatives—5.

Labourer (Disinfestation)—1.

Public Analyst:—

J. MARKLAND, B.Ss., F.R.I.C.

Miscellaneous:—

Cleansing Attendants (School Health Service)—3.

*Welfare Clinic Assistants—6.

*Welfare Clinic Domestic—1.

*Welfare Foods Assistants—4.

*Caretaker—1.

*Kitchen Assistants—2.

Lift Attendant—1.

* Part-time.

I—GENERAL

STATISTICAL SUMMARY

Area of Borough ...	... ... ... ...	18,951 Acres.
Elevation above sea level	{ Highest, Burley Hill, Quarndon Lowest, Spondon Market Place	443 ft. 123 ft. 157 ft.
Population at Census, 1961 (Before Boundary Extension)	{ Males 65,229 Females 67,179	132,408
Estimated Population for 1968 (Mid-year) ...	...	221,260
Number of Houses (1961 Census) before Boundary Extension	...	42,190
,, Inhabited houses at 31/3/1969 (according to rate books)	...	71,554
,, Uninhabited Houses at 31/3/1969 (according to Rate Books, including property scheduled for demolition)	...	1,262
Number of Families or separate Occupiers (Census, 1961)	...	43,081
Number of persons per acre at Census, 1961	{ Before ...	16.3
,, „ „ 1951	Boundary	17.4
Number of persons per House at Census, 1961	{ Extension	3.13
,, „ „ 1951	...	3.56
Rateable Value of the "Borough (General Rate) at 31.3.69	...	£10,170,687
Estimated amount realised by a Penny Rate, 1968/9	...	£40,200

1968

Estimated mid-year population assessed by G.R.O. for statistical Purposes	... ... ... ...	198,030
Live Births	... ... ... ...	3,504
Live Birth Rate per 1,000 population	...	17.7
Illegitimate Live Births per cent of total live births	...	9.5
Still Births	... ... ... ...	65
Still Birth Rate per 1,000 live and still births	...	15.2
Total Live and Still Births	... ... ... ...	3,569
Infant Deaths	... ... ... ...	59
INFANT MORTALITY RATES—		
Total Infant deaths per 1,000 total live births	... ... ...	16.8
Legitimate infant deaths per 1,000 legitimate live births	... ... ...	13.5
Illegitimate infant deaths per 1,000 illegitimate live births	... ... ...	17.9
Neo-Natal Mortality Rate per 1,000 live births	... ... ...	10.8
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	...	9.7
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births	...	25.0
Maternal Deaths (including abortion)	... ... ...	—
Maternal Mortality Rate per 1,000 live and still births	... ... ...	—
Marriages	... ... ... ...	1,683
No. of Marriages per 1,000 population	... ... ...	8.4
Birth Rate adjusted by Area Comparability Factor (0.97)	...	17.1
Deaths	... ... ... ...	2,323
Death Rate per 1,000 population	... ... ...	11.2
Death Rate adjusted by Area Comparability Factor (1.08)	...	12.0
Excess of Birth registered over Deaths	... ... ...	1,181

DEATHS OF DERBY RESIDENTS DURING THE YEAR, 1968

CAUSE OF DEATH	Total	Under 4 Weeks	4 Weeks and Under 1 Year	I-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
	All Ages											
Cholera	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary Dysentery and Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and other Diarrhoeal Diseases	2	-	2	-	-	-	-	-	-	-	-	-
Tuberculosis of Respiratory System	3	-	-	-	-	-	-	-	-	1	1	2
Other Tuberculosis, including Late Effects	3	-	-	-	-	-	-	-	1	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal Sore Throat and Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Typhus and other Rickettsioses	-	1	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae	-	1	-	-	-	-	-	-	-	-	1	-
All Other Infective and Parasitic Diseases	-	1	-	-	-	-	-	-	-	-	-	-
Malignant Neoplasm - Stomach	40	-	-	-	-	-	1	-	-	-	-	-
Malignant Neoplasm - Lung Bronchus	113	-	-	-	-	-	1	1	2	7	9	10
Malignant Neoplasm - Breast	36	-	-	-	-	-	-	-	3	5	48	39
Malignant Neoplasm - Uterus	11	-	-	-	-	-	-	1	-	1	10	11
Leukaemia	14	-	-	1	2	-	-	1	-	-	2	7
Other malignant Neoplasms, including Neoplasm of Lymphatic and Haematopoietic Tissue	227	-	-	1	-	1	4	8	16	51	68	78
Benign Neoplasms and Neoplasms of Unspecified Nature	6	-	-	-	-	-	-	-	1	-	2	-
Diabetes Mellitus	29	-	-	-	-	-	-	1	-	1	6	12
Avitaminoses and other Nutritional Deficiency	-	-	-	-	-	-	-	-	-	-	-	-
Other Endocrine, Nutritional and Metabolic Diseases	8	-	-	-	-	2	-	-	-	-	-	3
Anaemias	4	-	-	-	-	-	-	-	-	-	2	2
Other Diseases of Blood and Blood Forming Organs	1	-	-	-	-	-	-	-	-	-	-	1
Mental Disorders	1	-	-	-	-	-	-	-	-	-	-	1
Meningitis	2	-	1	-	-	-	-	-	-	1	-	-
Other Diseases of Nervous System and Sense Organs	22	-	2	-	1	2	-	-	-	1	3	6
Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic Heart Disease	41	-	-	-	-	-	-	-	1	3	13	16
Hypertensive Disease	39	-	-	-	-	-	-	1	1	3	2	15
Ischaemic Heart Disease	645	-	-	-	-	-	-	-	14	37	122	194
Other Forms of Heart Disease	70	-	-	-	-	-	-	3	3	5	9	50
Cerebrovascular Disease	283	-	-	-	-	-	-	1	7	14	30	78
Other Diseases of the Circulatory System	103	-	-	-	-	-	-	1	1	1	6	21
Influenza	3	-	-	-	-	-	-	-	-	-	1	1
Pneumonia	164	5	5	-	-	-	1	2	1	3	9	32
Bronchitis, Emphysema	149	-	-	-	-	-	-	-	1	6	32	61
Asthma	4	-	-	-	-	-	-	-	-	-	2	49
Other Diseases of the Respiratory System	30	-	2	-	-	1	1	-	-	-	2	-
Peptic Ulcer	13	-	-	-	-	-	2	-	1	3	5	9
Appendicitis	3	-	-	-	-	-	-	-	-	1	2	7
Intestinal Obstruction and Hernia	15	-	1	-	-	-	-	-	-	-	1	2
Cirrhosis of Liver	7	-	-	-	-	-	-	-	-	2	3	6
Other Diseases of the Digestive System	30	-	-	-	-	-	-	-	2	4	-	2
Nephritis and Nephrosis	24	-	-	-	-	-	-	2	1	2	4	9
Hypcrplasia of Prostate	4	-	-	-	-	-	-	-	-	7	3	9
Other Diseases of the Genito-Urinary System	23	-	-	-	-	-	-	-	-	-	-	4
Abortion	-	-	-	-	-	-	1	-	2	1	2	6
Other Complications of Pregnancy, Childbirth and Puerperium	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the Skin and Subcutaneous Tissue	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the Musculoskeletal System and Connective Tissue	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Anomalies	18	7	7	1	-	-	1	-	-	1	1	1
Birth Injury, Difficult Labour, and other Anoxic and Hypoxic Conditions	16	16	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	8	8	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill-defined Conditions	12	-	-	-	-	-	-	-	-	-	-	-
Motor Vehicle Accidents	24	-	-	-	3	4	1	3	2	4	4	9
All Other Accidents	50	-	1	3	2	2	1	2	2	3	9	25
Suicide and Self-inflicted Injuries	13	-	-	-	-	3	1	2	4	-	3	-
All Other External Causes	4	2	-	-	-	-	1	-	-	-	-	1
TOTAL	2323	38	21	6	11	20	18	61	132	390	650	976

Burials

The total burials in the Derby cemeteries for the year 1968 were 887; 791 ordinary burials and 96 still born.

Inquests

These numbered 150—80 males and 70 females.

Mortuary

Post-mortem examinations, 825.

TABLE I
BIRTH RATE PER 1,000 LIVING —————
DEATH RATE PER 1,000 LIVING - - - - -

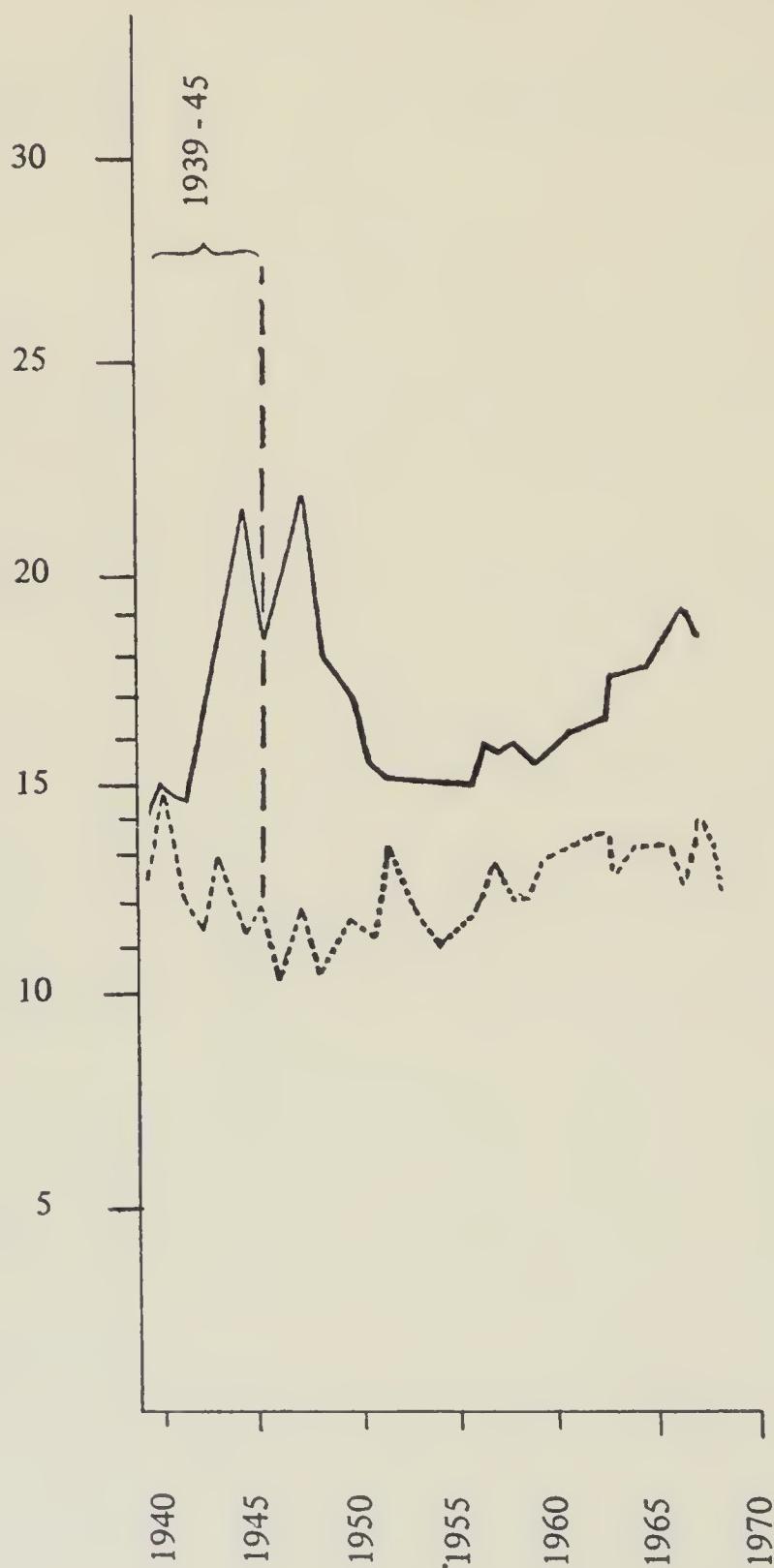


TABLE II
PERSONS MARRIED
PER 1,000 OF THE POPULATION

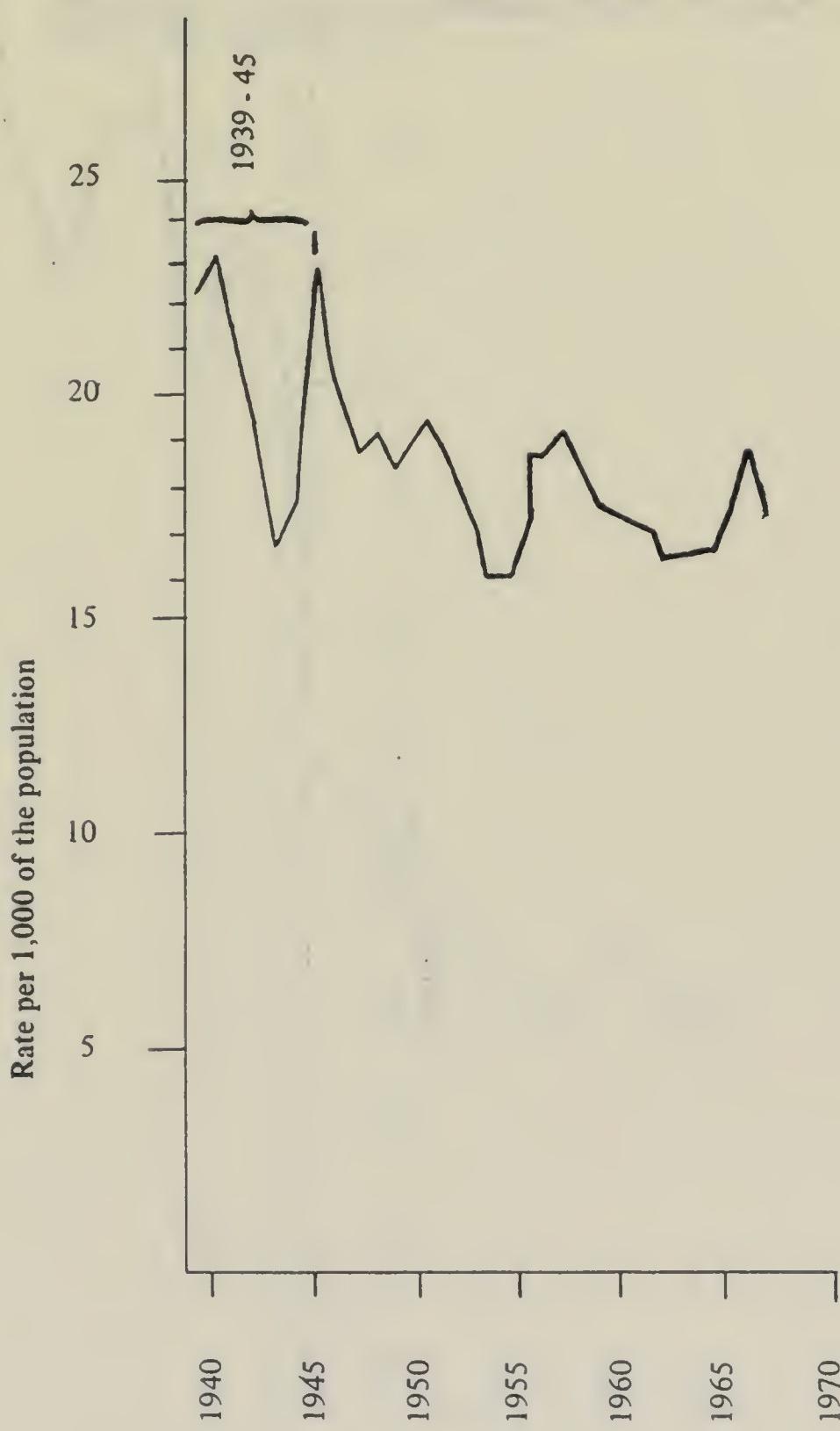


TABLE III
PERCENTAGE OF BIRTHS

TAKING PLACE IN INSTITUTIONS

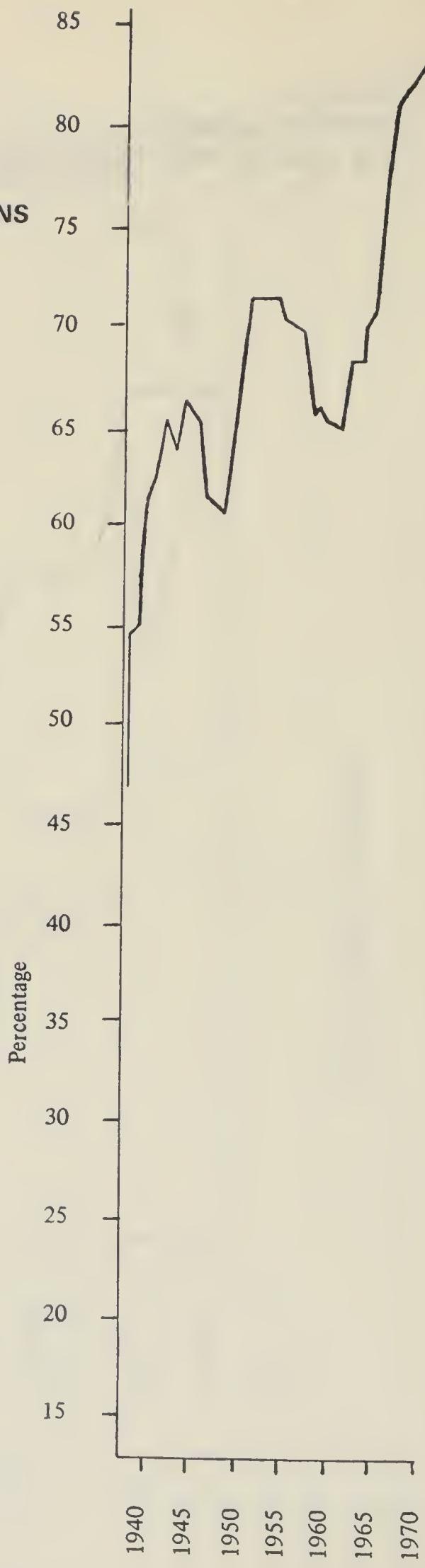


TABLE IV

INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS

MATERNAL MORTALITY RATE
PER 1,000 BIRTHS

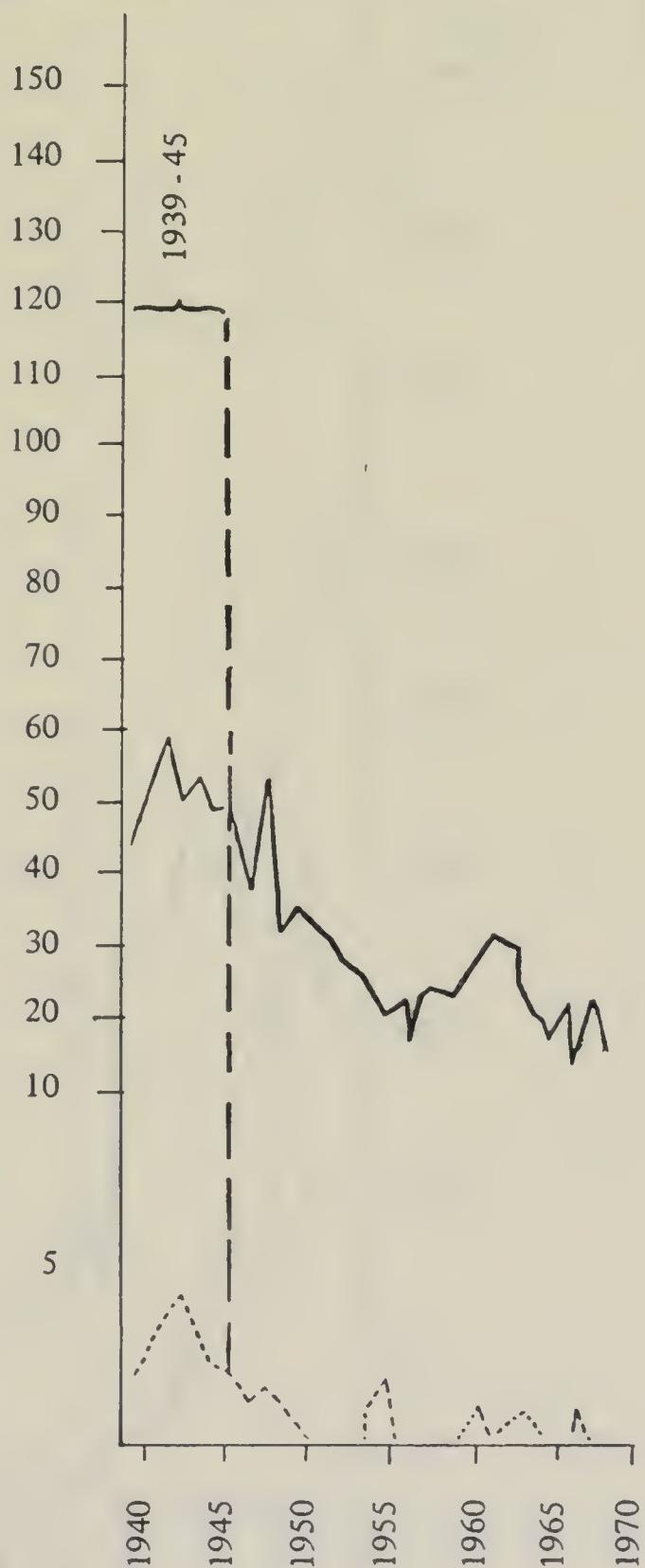


TABLE V

TUBERCULOSIS

Notification of all forms

DEATHS from all forms

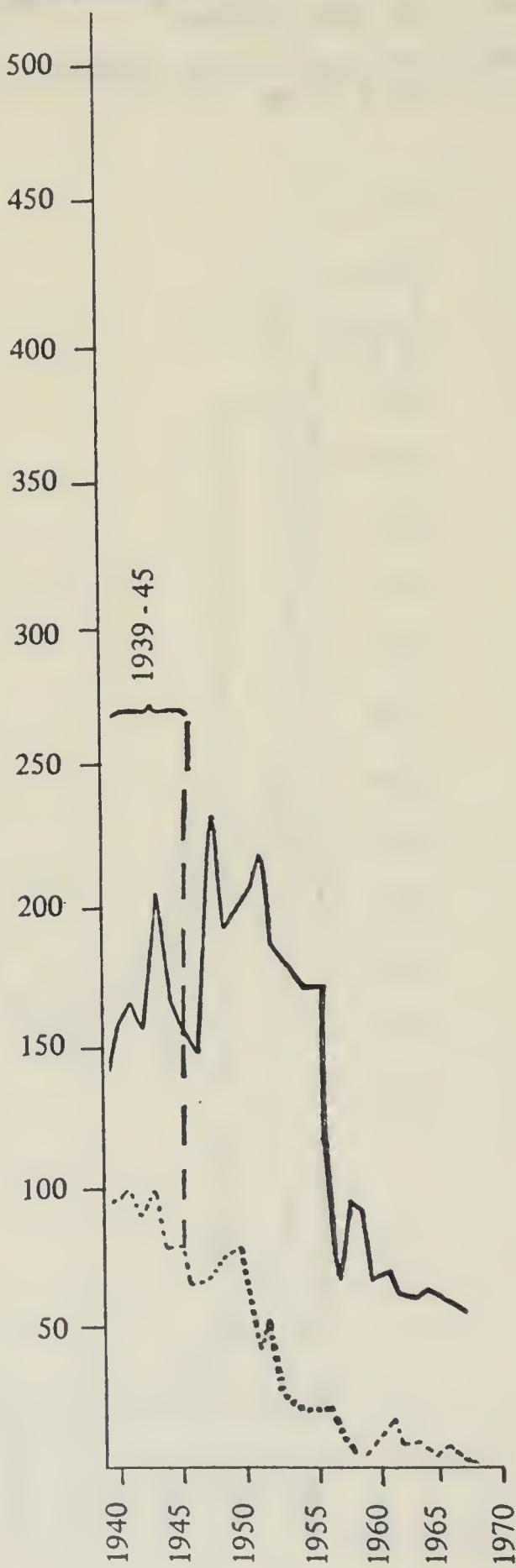
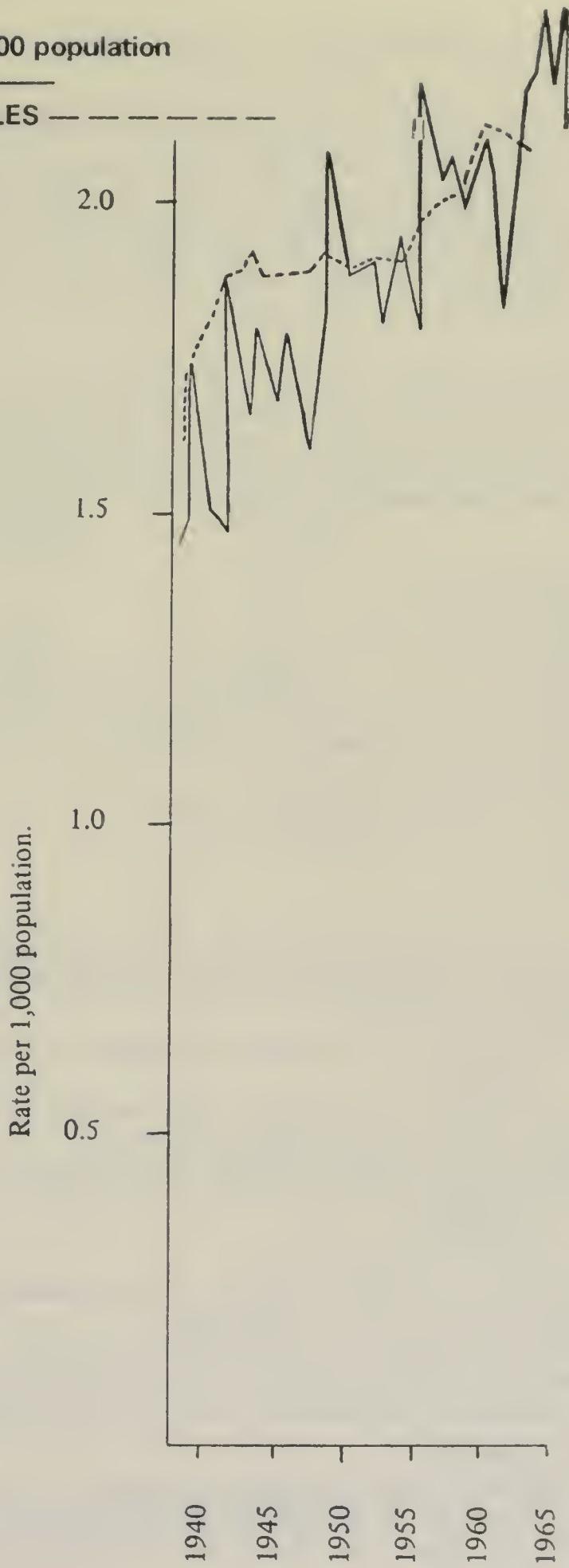


TABLE VI
CANCER
Death rate per 1,000 population
DERBY —————
ENGLAND & WALES -----



II—MATERNITY AND CHILD WELFARE

Midwives

During the period 1st February, 1968, to the 31st January, 1969, 112 midwives gave notice of intention to practise within the Borough.

86 were attached to institutions (34 at the City Hospital, 25 at the Queen Mary Maternity Home, 27 at the Nightingale Maternity Home) and 26 were in domiciliary practice. All but two of the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were two midwives practising privately in the Borough during the year.

27 midwives removed from the area during the year, leaving 26 in domiciliary practice and 59 in institutional practice at the end of the year.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year:—

	<i>Adjusted Live Births</i>	<i>Adjusted Stillbirths</i>	<i>Total Adjusted Births</i>
1. Domiciliary ...	584	3	587
2. Institutional ...	2,777	60	2,837
3. TOTAL ...	3,361	63	3,424

Number of cases delivered in institutions but attended on discharge from institutions and before the 10th day—

(a) by domiciliary midwives	1,448
(b) by health visitors	Nil
<hr/>	
	1,448

There were 23 domiciliary midwives practising in the Borough throughout the year and 15 of them had been approved by the Central Midwives Board as teachers of pupil midwives.

608 confinements (including non-residents) were attended by domiciliary midwives.

135 ante-natal and post-natal clinic sessions were attended.

6,186 domiciliary ante-natal visits were made.

8,455 domiciliary visits during the lying in period were made.

6,419 domiciliary post-natal visits to hospital discharges were made by midwives.

1,450 number of hospital cases.

The following visits to expectant mothers desiring hospital confinements were carried out by domiciliary midwives:—

Number of expectant mothers visited during year 46

Investigations regarding suitability for 48-hour discharge 516

483 attendances were made at the weekly mothercraft and relaxation classes.

Boundary extension

In addition to the above details 97 attendances were made at mothercraft and relaxation classes during the first quarter of the year by residents of the areas which were subsequently absorbed by the Borough boundary extension.

Medical Aid

Out of the 597 confinements attended by domiciliary midwives, medical aid was sought in 17 cases as follows:—

- 14 on account of mother or expectant mother.
- 3 on account of baby.

The following table shows the various reasons for the calling in of medical aid, some cases have more than one cause.

Mothers

ANTE-NATAL.

Ante-partum haemorrhage	...	...	...	...	...	...	...	2
Irregular or Foetal Heart not heard	...	...	...	...	...	...	...	—
Placenta Praevia	...	...	...	...	...	...	...	—
Various	...	...	...	...	...	...	...	—
								2

NATAL.

Prolonged 1st stage	...	...	...	...	...	...	...	—
Breech or otherwise abnormal presentation	...	...	...	...	...	...	...	1
Maternal or Foetal Distress (mainly Foetal)	...	...	...	...	...	...	...	1
Various	...	...	...	...	...	...	...	—
Intra-Partum Haemorrhage	...	...	...	...	...	...	...	—
								2

POST-NATAL.

Retained Placenta	...	...	...	...	...	...	...	2
Lacerated perineum	...	...	...	...	...	...	...	3
Post-partum haemorrhage	...	...	...	...	...	...	...	1
Phlebitis	...	...	...	...	...	...	...	—
Various	...	...	...	...	...	...	...	4
								10

Babies

Still Birth	...	...	...	...	...	...	...	—
Prematurity	...	...	...	...	...	...	...	—
Shock	...	...	...	...	...	...	...	1
Congenital malformations	...	...	...	...	...	...	...	—
Various (infection of eye, Jaundice, etc)	...	...	...	...	...	...	...	—
Asphyxia	...	...	...	...	...	...	...	2
								3

Notification of Liability to be a Source of Infection

6 notifications were received.

Notification of Death

56 notifications were received, all from institutions, as follows:—

	Domiciliary		Institutions	
	Residents	Non-Residents	Residents	Non-Residents
Mothers	1	—
Infants	—	—
Total	1	—
			23	33

Ante-Natal Clinics

		Sessions	First Attendances	Total Attendances
Green Street	...	49	203	245
Maine Drive	...	36	288	288
Temple House	...	50	379	452
Total	...	135	870	985

Post-Natal Clinics

GREEN STREET

8 attendances were made at ante-natal sessions.

TEMPLE HOUSE

7 attendances were made at ante-natal sessions.

MAINE DRIVE

No attendances were made at ante-natal sessions.

Roe Farm and Normanton ante-natal/post-natal Clinics closed from 1.1.68.

Maine Drive ante natal/post natal Clinic open from 2.4.68.

BOUNDARY EXTENSION

In addition to the above details

22 attendances were made (19 for ante-natal—3 for post-natal examination) at clinics during the first quarter of the year by residents of the areas which were subsequently absorbed by the Borough boundary extension.

Maternal Mortality

There were no maternal deaths in 1968.

Births

The figures given in the following report are based on the number of births actually notified to the Department up to the 31st December, 1968, and do therefore vary slightly from the details provided by the Registrar General.

5,153 notifications were received during 1968 under Section 203, Public Health Act, 1936. Of these 3,366 were live births and 63 were still-births relating to Derby residents. 1,942 were live births and 52 were still-births relating to non-residents. The details were as follows:—

	<i>DOCTOR NOT BOOKED</i>		<i>DOCTOR BOOKED</i>	
RESIDENTS:- Domiciliary. (Confinements).	Doctor present at delivery	2	Doctor present at delivery (either booked doctor or another)	73
	Doctor not present at delivery	4	Doctor not present at delivery	513
NON-RESIDENT:- Domiciliary (Confinements).	Doctor present at delivery	-	Doctor present at delivery (either booked doctor or another)	2
	Doctor not present at delivery..	-	Doctor not present at delivery..	3

	<i>Live Births</i>	<i>Still-Births</i>	<i>Total Non- Residents</i>	<i>Total Residents</i>	<i>Grand Total</i>
RESIDENTS:- Institutional ..	2,777	60	-	2,837	2,837
NON-RESIDENTS:- Institutional ..	1,937	52	1,989	-	1,989
TOTAL ..	4,714	112	1,989	2,837	4,826

2,837 or 82.73% of total births relating to residents took place in institutions.

Still-Births

115 still-births were notified. 63 were in respect of Derby residents and 52 non-residents.

BOUNDARY EXTENSION

In addition to the above information

481 live births and 7 still-births were recorded during the first quarter of the year to residents of areas which were subsequently absorbed by the Borough boundary extension.

Care of Premature Infants

Total number of premature live babies notified during the year whose mothers are normally resident within the Borough 275

(a) Born at home	...	...	...	...	13
(b) Born in hospital	...	...	...	...	262

PREMATURE LIVE BIRTHS

Weight at birth	Born at home or in a nursing home												Premature Still-births							
	Born in hospital				Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day											
	Total births	Died	Total births	Died	Total births	Died	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
1 2 lb 3 oz or less	7	5	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-
2 Over 2 lb 3 oz up to and including 3 lb 4 oz ..	15	3	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17	-
3 Over 3 lb 4 oz up to and including 4 lb 6 oz ..	49	1	4	2	-	-	-	-	-	-	2	-	-	-	-	-	-	-	7	-
4 Over 4 lb 6 oz up to and including 4 lb 15 oz ..	62	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
5 Over 4 lb 15 oz up to and in- cluding 5 lb 8 oz	129	-	-	-	10	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-
TOTAL ..	262	9	II	4	II	-	-	-	-	-	2	-	-	-	-	-	-	35	-	

Premature babies born on the district weighing less than $4\frac{1}{2}$ lbs. were transferred to the Premature Baby Unit.

BOUNDARY EXTENSION

27 premature live births (25 hospital —2 home) were recorded during the first quarter of the year to residents of areas which were subsequently absorbed by the Borough boundary extension. There were four premature still-births, all hospital deliveries.

Child Health Centres—attendances 1968

Number of Heath Centres—15

Attendances:—

Under one year of age	...	...	...	...	...	...	30,998
Aged 1 to 2 years	...	...	...	...	...	...	8,313
Aged 2 to 5 years	...	...	...	...	...	...	5,841
Total attendances	...	...	...	...	...	...	45,152

BOUNDARY EXTENSION

In addition to the above information

2,070 attendances were made at Child Health Centres during the first quarter of the year by residents of the areas which were subsequently absorbed by the Borough boundary extension.

WELFARE FOOD SERVICE

As a result of the extension of the County Borough boundary on the 1st April, 1968 eight distributing points, (five Child Health Centres and three shops) were transferred from the jurisdiction of the Derbyshire County Council to my Department. On the same date, the main distribution point in the town centre was removed from the Council House to a special counter in the Mac Fisheries Food Centre, Derby, adjacent to the Department's new offices in Castlefields House.

These changes render it difficult to compare accurately the figures for 1968 in the table below, with those for 1967.

I should like to acknowledge gratefully the assistance of the Women's Royal Voluntary Service, who continued to provide the staff for the eleven distribution centres in the 'old Borough', and also the management and staff of the three shops in the areas taken over. Lastly I must record my appreciation to Mac Fisheries Limited for agreeing to provide facilities for the sale of Welfare Foods in the Food Centre, and for their help in fitting up the counter and ancillary signs and notices.

Issues at Distribution Centres during 1968

Distribution Point	National Dried Milk		Cod Liver Oil	Vitamin A & D Tablets	Orange Juice
	Full Cream	Half Cream			
	Tins	Tins	Bottles	packets	Bottles
Mac Fisheries Food Centre ..	17,942	993	1,437	2,046	16,590
Temple House ..	342	11	138	33	583
Boulton Clinic, Wyndham St. ..	1,322	35	159	126	1,574
Nightingale Road Clinic ..	742	22	66	45	653
Pear Tree Baptist, Goodale Street	9,684	144	621	53	2,003
Normanton Clinic ..	485	13	153	112	1,386
Roe Farm Clinic ..	592	9	98	86	997
Rykneld Clinic ..	224	3	96	37	744
Green Street Clinic ..	231	14	106	40	455
Mackworth Clinic ..	360	4	80	33	904
City Hospital ..	-	-	-	187	521
Nightingale Home ..	-	-	107	387	2,739
Allestree Clinic ..	330	19	89	111	2,082
Maine Drive Clinic ..	1,115	21	171	193	2,951
Chellaston Clinic ..	114	-	30	73	920
Mickleover Clinic ..	687	17	123	164	2,285
Spondon Clinic ..	733	16	159	147	2,734
Derby Co-operative Society, Blagreaves Lane ..	665	-	48	53	1,374
Derby Co-operative Society Burton Road ..	467	18	113	177	3,102
Mr. Jones (Chemist) Allestree ..	794	29	38	59	3,352
1968 Totals	36,829	1,368	3,832	4,164	47,949
Comparative totals for 1967 ..	34,891	2,067	3,640	3,148	32,298

Children of Pre-School Age

During the year under review, routine medical inspection was carried out in 1,386 children of two, three and four years of age. Of this number, 83 children were referred for treatment and 559 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 617. In addition, 110 re-inspections and 87 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year.—

Orthopaedic Clinic	...	...	...	...	...	92
Dental Clinic	...	...	...	...	...	153
Child Guidance Clinic	...	...	...	...	...	29
Aural Clinic	...	...	...	...	...	5
Speech Clinic	...	...	...	...	...	47

DOMICILIARY MIDWIFERY SERVICE

REPORT BY MRS. D. M. BIGGS, NON-MEDICAL SUPERVISOR OF MIDWIVES

The uncertainty of the future of the Domiciliary Midwifery Service continues to be uppermost in the minds of many midwives, but it is hoped to repress this feeling and to give more job satisfaction by attaching midwives to Doctors in Group Practice.

Two midwives became attached during 1968 and this is proving satisfactory to Patient, Doctors and Midwife.

We anticipate an expansion of this scheme during the coming year.

Although the decline in cases delivered on the district continues this has been offset by the increase in the numbers of early discharges from hospital necessitating many additional visits by the Domiciliary Midwifery Service. Selected patients for early discharge are visited by the domiciliary midwives at least twice during the ante-natal period and a total of 6,419 visits were made by midwives to patients discharged early following hospital confinement.

Provision has been made for the introduction of radio telecommunication during the coming year. The initial expense will be more than justified with its many advantages to patients, doctors, relatives and midwives.

Tribute is paid to the excellent co-operation received from the Ambulance personnel since the introduction of the Midwives Night Duty Rota.

We were pleased to welcome nine midwives who were transferred from the County at the time of the Borough Boundary Extensions.

REPORT ON HEALTH VISITORS' WORK

BY MISS J. HEADINGTON, SUPERINTENDENT HEALTH VISITOR.

Advertisements for Health Visitors for the approaching boundary extension proved unsuccessful due to a national shortage. It became clear that in order to give a service the policy of appointing State Registered Nurses to assist the existing staff would have to continue. Thirteen candidates were gradually added to the staff from June 1967 to December 1968, and a short course of training on work in the public health field was given in the department. All of them showed a great interest in prevention of ill-health in the community. Four were found suitable for Health Visitor training this year, and two more for 1969. This emergency method of recruitment has been most heartening and there may be others who due to domestic reasons cannot go for further training yet, but may be able to do so in a few years time.

It has been possible by the re-arrangement of staff to give a home visiting service, and to cover the additional clinics.

Due to the Borough boundary extension six Child Health Centres were absorbed, making a total of fifteen in all. Thirty one sessions for Child Health were held each week, and a Health Visitor was always in attendance to give medico-social advice to any members of the family.

Approximately 8,500 children under the age of five years became eligible for home visiting from the added areas, making a total of 17,000 in the new Borough.

Many mothers availed themselves of the clinic services, and there were 48,000 child attendances during the year including those at Health Visitor Clinics held in Family Doctor premises.

Three Health Visitor/Group Practice attachments have been operating for some time, the first commencing nine years ago. From the start these Health Visitors have organised Child Health and Ante-Natal Clinics within the Doctor's surgeries. Requests for the help of the Health Visiting staff by General Practitioners, Hospitals, and particularly the public, have increased tremendously and these have been met.

The Diabetic Health Visitor continued to liaise with the hospitals, attending clinics, visiting patients in the wards, and on discharge following them up in their own homes. This service has been given for twelve years and good relationships are established.

The Health Visitor concerned with the elderly visited the Geriatric Hospital once weekly for ward rounds with the Consultant. Certain of these patients were followed up at home and help and guidance given. General Practitioners were well aware of the support that a Health Visitor could give to geriatric patients in their own homes, and her services were called upon much more often.

A Paediatric Health Visitor visited the Children's Hospital, accompanying Consultants on ward rounds, and bringing back information on babies and children required for the 'At Risk' and Congenital Defects Registers, and liaising with her colleagues regarding the care and treatment of children for discharge home.

This year there were 2,146 children on the 'At Risk' register, and the Health Visitors visited frequently with special regard to the keeping of hospital appointments, advice on feeding and diets, and extra support when needed in the social problem homes.

A great deal of time has been given by all staff to parents asking for advice on modern methods of family planning. The Family Planning Association increased its clinic sessions to seven each week. Help has always been given to cases referred by this department and co-operation is good.

Requests by mothers for day care facilities for children under five years of age rose steeply and visits of assessment to prospective child minders and play groups continued. New recommendations in connection with this sphere of the work will be known in the new year.

There was an increased number of requests for health education talks by different sections of the community, schools and colleges being involved this year. The subjects asked for were varied, e.g. spare part surgery, child health, modern drugs, smoking and lung cancer, and the social services to mention a few. Most of these talks were given by Miss A. D. Latham who was appointed Deputy Superintendent Health Visitor when the boundary extension took effect.

Two Health Visitor Field Work Instructors supervised Student Health Visitors in their practical training for several days each week in Derby. Liaison with the training school for Health Visitor Students in Nottingham increased

because of changes in the scheme. Examination results of these students will be known in September 1969, and if successful the service to the public must surely benefit from more trained Health Visitors.

It is pleasing to report the happy relationships that exist in a clinic attended mostly by immigrant mothers and babies which is due to the unfailing patience and understanding shown by all staff over the last eight years.

The progress of the babies indicated that advice given had been followed. Now that more of the Indian and Pakistani mothers speak a little English the Health Visitors have been particularly active in health education talks using the interpreter when necessary. Visual aids have been used and one of the most important subjects has been fire prevention in the home, most applicable when there is restricted living accommodation. The interpreter has been used for home visiting to help with the language barrier. Attendances for immunisation and vaccination at this clinic were also high and the mothers showed a great willingness to co-operate in every way.

An added awareness by all staff concerned with the notification of congenital defects has again been very noticeable and five years have elapsed since these records were implemented.

Analysis of Congenital Defects of Children born during the years 1964, 1965, 1966, 1967 and 1968

The number of children born with congenital defects increased again in 1968. There was an increase in population due to the Boundary Extension in April 1968. The totals for the years are as follows: 1964—46, 1965—53, 1966—46, 1967—85, 1968—130. Some children have more than one defect.

(Note: NOS means Not Otherwise Specified.)

	1964 Births Still Live		1965 Births Still Live		1966 Births Still Live		1967 Births Still Live		1968 Births Still Live	
o Central Nervous System										
.1 Anencephalus	3	I	5	I	2	I	4	I	7	I
.2 Encephalocele	—	—	—	—	—	—	—	—	—	—
.3 Arnold Chiari Malformation	—	—	—	—	—	—	—	—	—	I
.4 Hydrocephalus	3	3	I	2	2	—	2	2	3	4
.5 Microcephalus	—	—	—	—	—	—	—	—	—	—
.6 Other defects of brain	—	—	—	—	—	—	—	—	—	I
.0 Defects of brain NOS.	—	—	—	—	—	—	—	—	—	—
.8 Spina bifida	I	7	—	3	I	I	I	3	2	3
.9 Other defects of spinal cord	—	—	—	—	—	—	—	I	—	2
.7 Defects of spinal cord NOS.. ..	I	I	—	—	—	I	—	—	—	2
i Eye, ear										
.1 Anophthalmos, microphthalmos	—	—	—	—	—	—	—	—	—	—
.2 Buphthalmos	—	—	—	—	—	—	—	—	—	—
.3 Cataract	—	—	—	—	—	—	—	—	—	—
.4 Corneal opacity	—	—	—	—	—	—	—	—	—	—
.5 Other defects of eye	—	—	—	—	—	—	—	I	—	—
.0 Defects of eye NOS.	—	—	—	—	—	—	—	I	—	I
.7 Defects of ear causing impairment of hearing	—	—	—	—	—	—	—	—	—	—
.8 Accessory auricle	—	—	—	—	—	—	I	—	—	—
.9 Other defects of ear	—	—	—	—	—	—	—	—	I	—
.6 Defects of ear NOS.	—	I	—	I	—	—	—	I	—	3
2 Alimentary system										
.1 Cleft lip	I	2	—	5	—	2	—	I	I	5
.2 Cleft palate	I	3	—	6	—	2	—	3	I	3
.3 Hiatus hernia	—	—	—	—	—	—	—	—	—	—
.4 Tracheo-oesophageal fistula, oesophageal atresia and stenosis	—	—	—	—	—	—	—	I	—	I
.5 Intestinal atresia	—	—	—	—	—	—	—	—	—	—
.6 Hirschsprung's disease	—	—	—	—	—	—	—	—	—	I
.7 Rectal and anal atresia	—	—	—	—	—	—	—	I	—	—
.8 Defects of liver and biliary tracts	—	—	—	—	—	—	—	—	—	—
.9 Other defects of alimentary system	—	—	—	—	—	—	3	—	4	—
.0 Defects of alimentary system NOS.	—	I	—	2	—	2	—	—	—	I
3 Heart and great vessels										
.1 Common truncus	—	—	—	—	—	—	—	—	—	—
.2 Tetralogy of Fallot	—	—	—	—	—	—	—	—	—	—
.3 Transposition of great vessels	—	I	—	—	—	—	—	I	—	I
.4 Defects of aortic arch	—	—	—	—	—	—	—	—	—	—
.5 Interatrial septal defect, per- sistent foramen ovale	—	—	—	—	—	—	—	—	—	—
.6 Interventricular septal defect	—	—	—	—	—	—	—	—	—	—
.7 Persistent ductus arteriosus	—	—	—	—	—	—	—	—	—	I
.8 Endocardial fibroblastosis	—	—	—	—	—	—	—	—	—	—
.9 Other defects of heart and great vessels	—	—	I	—	I	—	—	4	3	I
.0 Congenital heart disease NOS.	—	2	—	2	—	—	—	6	I	6

		1964 Births Still Live	1965 Births Still Live	1966 Births Still Live	1967 Births Still Live	1968 Births Still Live
4	Respiratory system					
.1	Defects of nose (arhinia, choanal atresia or stenosis) ..	- -	- -	- -	- -	I
.2	Defects of larynx ..	- -	- -	- -	2	- -
.3	Defects of trachea ..	- -	- -	- -	- -	- -
.4	Defects of bronchus ..	- -	- -	- -	- -	- -
.5	Defects of lung ..	- -	- -	- -	I 2	I
.6	Defects of pleura ..	- -	- -	- -	- -	- -
.7	Defects of diaphragm ..	- -	- -	- -	- -	- -
.8	Defects of mediastinum ..	- -	- -	- -	- -	- -
.9	Other defects of respiratory system ..	- -	- -	- -	- -	7
.o	Defects of respiratory system NOS. ..	- -	- -	- -	- -	- -
5	Uro-genital system					
.1	Renal agenesis ..	- -	- -	- -	- -	- -
.2	Polycystic kidney, all forms ..	- I	- I	- -	- -	- -
.3	Obstructive defects of urinary tract (hydro-nephrosis, hydro-ureter) ..	- -	- I	- -	I	- -
.4	Other defects of kidney and ureter ..	- -	- -	- -	- -	- -
.5	Other defects of bladder and urethra ..	- -	- -	- -	- -	- -
.6	Hypospadias, epispadias ..	- I	6	5	3	3
.7	Other defects of male genitalia ..	- I	- -	- -	I	4
.8	Defects of female genitalia (includes female pseudo-hermaphroditism) ..	- I	- -	- -	3	2
.9	Inderterminate sex (includes true hermaphroditism) ..	I -	- -	- -	- -	- -
.o	Defects of uro-genital system NOS. ..	- -	- -	- -	- -	- -
6	Limbs					
.2	Reduction deformities (amelia, hemimelia, phocomelia, etc.)	- -	- -	- -	- -	I
.3	Polydactyly ..	- -	- -	- -	I	3
.4	Syndactyly ..	2	- -	- -	I	6
.5	Dislocation of hip ..	- -	- -	2	10	12
.6	Talipes ..	I 7	9	12	9	15
.7	Other defects of shoulder girdle, upper arm, and forearm ..	- -	- -	- -	- -	2
.8	Other defects of hand ..	- -	- -	3	I 6	5
.9	Other defects of pelvic girdle and lower limb ..	- -	- -	- -	- -	I
.o	Defects of upper limb N.O.S.	6	- -	I	- -	- -
.I	Defects of lower limb N.O.S. ..	I	3	3	3	3
7	Other skeletal					
.1	Defects of skull and face ..	- -	- -	- -	- -	7
.2	Spinal curvature, scoliosis, lordosis ..	- -	- -	- -	- -	- -
.3	Other defects of spine ..	I	- -	I	- -	- -
.4	Defects of ribs and sternum ..	- -	- -	- -	- -	- -
.5	Chondrodystrophy ..	- -	- -	- -	- -	- -
.6	Osteogenesis imperfecta ..	- -	I	- -	I	- -
.9	Other generalised defects of skeleton (including arachnodactyly) ..	- -	- -	- -	- -	- -
.o	Defects of skeleton N.O.S. ..	- -	- -	- -	- -	- -

	1964 Births Still Live	1965 Births Still Live	1966 Births Still Live	1967 Births Still Live	1968 Births Still Live
8 Other systems					
.0 Branchial cleft, cyst or fistula; pre-auricular sinus ..	- -	- -	- -	- -	- -
.1 Other defects of face and neck ..	- -	- -	I -	I 3	- 2
.2 Defects of muscles ..	- -	- -	- -	- -	- 1
.3 Vascular defects of skin, subcutaneous tissues, and mucous membranes (including lymphatic defects) ..	- -	- -	- -	- 2	- 5
.4 Other defects of skin (including ichthyosis congenita) ..	- -	- -	- -	- I	- I
.5 Defects of hair, nails and teeth ..	- -	- -	- -	- I	- -
.6 Defects of peripheral vascular system other than in 8.3 (including arteriovenous aneurysm, etc.) ..	- -	- -	- -	- 2	- I
.7 Defects of spleen ..	- -	- -	- -	- -	- -
.8 Defects of endocrine glands ..	- -	- -	- I	- -	- 2
.9 Exomphalos, omphalocele ..	I -	I -	I -	- -	- -
9 Other malformations					
.2 Cyclops ..	- -	- -	- -	- -	- -
.3 Other monster ..	- -	- -	- -	- -	- -
.4 Conjoined twins ..	- -	- -	- -	- -	- -
.5 Situs inversus ..	- -	- -	- -	- -	- -
.6 Mongolism ..	- -	- -	- -	- 4	- I
.7 Other chromosomal syndromes ..	- -	- -	- -	- -	- -
.8 Other specific syndromes ..	- -	- -	- -	- 6	- -
.9 Other ..	- -	- -	- I	- -	- -
.0 Congenital malformation NOS.	- -	- -	- -	- -	- -
.1 Multiple malformations NOS.	- -	- I	- I	- -	- I

VISITS BY HEALTH VISITING STAFF—1968

1. CHILD WELFARE					
Children born in 1968 ...	...	...	...	...	16,065
Children born in 1964 ...	...	...	...	...	6,687
Children born in 1963 to 1966 ...	...	...	...	...	15,498
Total number of children 0 to 5 years ...	...	...	...	...	38,250
2. OVER 65					
Persons aged 65 years or over ...	...	...	...	...	163
Persons aged 65 years or over visited at the special request of G.P. or hospital ...	...	...	...	...	200
3. MENTAL DISORDERS					
Mentally disordered persons ...	...	...	...	...	4,798
Mentally disordered persons visited at the special request of G.P. or hospital ...	...	...	...	...	31
4. HOSPITAL AFTER-CARE					
Persons discharged from hospital (other than mental hospitals) ...	...	...	...	...	636
Persons discharged from hospital (other than mental hospitals) at the special request of G.P. or hospital ...	...	...	...	...	152
5. T.B. Households ...	...	...	...	...	192

6.	Infectious Households	...	...	...	...	...	...	1,018
7.	Other visits e.g. cytology, immunisation defaulters, family planning etc	...	...	...	...	...	...	2,995
8.	OTHER PUBLIC HEALTH WORK							
	Assisting at Child Health sessions	...	...	...	...	...	...	1,750
	Assisting at Cytology Clinics	...	...	...	...	...	...	125
	Assisting at Diabetic Clinics	...	...	...	...	...	...	54
	Hospital visits	...	...	...	...	...	...	38
	Geriatric	...	...	...	...	...	...	107
	Diabetic	...	...	...	...	...	...	41
	Paediatric	...	...	...	...	...	...	510
	Group Practice Liaison	...	...	...	...	...	...	160
	Visits to Surgeries	...	...	...	...	...	...	2,764
	Ante-Natal and Child Health sessions in surgeries	...	...	...	...	...	...	16
	Attendances	...	...	...	...	...	...
	Attending Committee Meetings	...	...	...	...	...	...
9.	MISCELLANEOUS VISITS							
	One Health Visitor attended a One Day Diabetic Conference.							
	One Health Visitor attended a One Day Family Planning Conference.							
	Ten Health Visitors attended a special film show.							
	Ten Health Visitors attended Wetherby Industrial Unit for an afternoon visit.							
10.	HEALTH EDUCATION							
	Talks in maternity hospitals to expectant mothers, nursing students, school children, and various clubs. Films 22, Talks 36.							
	Talks and use of filmstrips in Child Health and Ante-Natal Clinics in Group Practices. Groups 29, Attendances 261.							
	Talks and use of film-strips in Child Health Clinics. Groups 280, Attendances 1,526.							
11.	Part-time use of interpreter for Indian and Pakistani families Clinic sessions 200, Home Visiting 50.							
12.	Visits to Play Groups and Child Minders	...	...	...	...	...	...	122

Boundary extension

In addition to the above information the following visits were made by Health Visitors to residents of the areas which were subsequently absorbed by the Borough boundary extension:—

Total number of cases	...	...	...	...	...	...	1,305
Children born up to 31.3.68	...	...	...	...	...	...	353
Children born in 1967	...	...	...	...	...	...	410
Children born 1963 to 1966	...	...	...	...	...	...	475
Persons aged 65 or over	...	...	...	...	...	...	23
Number of persons aged 65 or over who were visited at the special request of G.P. or Hospital	...	...	...	...	...	...	17
Other cases	...	...	...	...	...	...	27

DERBY DIOCESAN COUNCIL FOR SOCIAL WORK

REPORT BY THE ORGANISING SECRETARY

The total number of new cases referred during the year for the extended Borough was 114, the analysis being as follows:

Unmarried mothers	...	...	...	...	...	84
Babies placed with prospective adopters	...	...	...	...	...	15
Aftercare	...	...	...	...	...	9
Family	...	...	...	...	...	6

25 of the mothers were admitted to Mother and Baby Homes, and 13 babies of the mothers confined locally were placed in temporary fosterhomes. For 9 of the mothers it was a second pregnancy, and for 3 a third or subsequent.

Should a mother decide to keep her baby, financial assistance can sometimes be obtained, should circumstances warrant it, from various charitable sources, either a once and for all grant to meet a particular commitment—purchase of a cot/pushchair etc—or a continuing monthly allowance towards a child's maintenance, and we are grateful for help received through Dr. Barnardo's, The Buttle Trust, The National Council for the Unmarried Mother and Her Child, as well as local funds.

Encouragement is of course also given to mothers to obtain regular financial assistance from the putative fathers, either through a Court Order or a private agreement. Wherever possible the caseworkers do meet the father of the baby, to offer help to him and his family. About one third of the putative fathers were in fact interviewed: many of them are anxious to act responsibly towards the mother and baby concerned, and much of our work to-day lies in counselling young couples, rather than befriending a deserted girl.

Referred by

G.P.'s	...	...	...	...	...	30
Medical Social Workers	...	...	...	...	...	14
Personal	...	...	...	...	...	9
C.A.B.	...	...	...	...	...	5
Employers	...	...	...	...	...	4
Health Department	...	...	...	...	...	3
N.C.U.M.C.	...	...	...	...	...	3
Clergy	...	...	...	...	...	3
Children's Dept.	...	...	...	...	...	2
Other Social Workers	...	...	...	...	...	2
Welfare Department	...	...	...	...	...	2
School Medical Officer	...	...	...	...	...	1
Youth Club Organiser	...	...	...	...	...	1
Health Visitor	...	...	...	...	...	1
Ministry of Social Security	...	...	...	...	...	1
Church Social Worker	...	...	...	...	...	1
Police	...	...	...	...	...	1
Y.W.C.A. Worker	...	...	...	...	...	1

Position of baby at end of year

Not born	...	...	...	...	...	31
Mother keeping	...	...	...	...	...	19
Placed with a view to adoption	...	...	...	...	...	18
In care of L.A. or vol. children's society	...	...	...	...	...	7
Decision Pending	...	...	...	...	...	3
Miscarriage, stillbirth or death	...	...	...	...	...	2
All other circumstances	...	...	...	...	...	4

DAY NURSERIES

REPORT BY MRS. M. R. MOSS, SUPERVISOR

A considerable number of women, even in this present era must work despite the fact that they have children. Below are examples of some of the reasons for admitting young children into the borough day nurseries in 1968.

One child of 2 years—Unmarried mother was able to return to University to complete studies (B.A. Degree). No relations or friends in Derby, living in one room.

Two children of 1 and 4 years—Widow, elder of these two children missed his father a lot. mother thought mixing with other children would help him over this period. Mother returned to nursing thereby helping with this shortage.

Two children of 2 and 3 years—Mother left home leaving father to cope with six children (four at school). Nursery offered for two youngest enabling father to keep his family together and return to work. Mother did eventually return home.

One child of 20 months—Mother in-patient Psychiatric Hospital, referred by Mental Welfare Officer and Health Visitor. Nursery accommodation for child enabled father to continue working.

Three children of 1 year, $3\frac{1}{2}$ and $4\frac{1}{2}$ years—Father in prison, long term.

One child of $2\frac{1}{2}$ years—Referred by Child Care Officer and G.P. Mother needed complete rest following illness. Unmarried, living in one room. This mother had a history of repeated short spells in psychiatric hospital. One other child, sub-normal.

One baby aged 6 weeks—Mother receptionist at doctors surgery dealing with a number of foreign patients, able to interpret.

Four children of 1 year, 2 years, $3\frac{1}{2}$ and $4\frac{1}{2}$ years—Husband deserted wife leaving her to cope with four children under five years of age, no trace of the father.

One child of $4\frac{1}{2}$ years—High grade Mongrol. mother separated from husband.

One child of $2\frac{1}{2}$ years—Referred by Social Worker—Child partially deaf, thought nursery would help this child as placing her in school for deaf would be a great draw-back owing to the fact that she would be with children more hard of hearing than herself.

One Child of 4 months—Unmarried mother aged 16 years, living with parents.

One child of $2\frac{1}{2}$ years—Father epileptic and loses a lot of time off work through this, several other children in the family.

One child of $2\frac{1}{2}$ years—Nursery accommodation enabled mother to return to teaching alleviating shortage of same.

One child of 14 months—Very young parents, wishing to get home together, living with in-laws.

One child of 3 years—Referred by Social Worker. Mother in hospital with T.B. spine, very long term.

Two children of 2 and 4 years—Mother left home, father out-patient psychiatric hospital, large family. Nursery enabled family to be kept together and saved younger children from being taken into care. Problem family. Referred by Child Care Officer and Mental Welfare Officer.

One baby of 6 weeks—Mother a Health Visitor who returned to her work knowing that the baby was being properly cared for in a day nursery.

One child of 3 years—Referred by G.P. Mother had 'anxiety state' and had been attending out-patient clinic at psychiatric hospital. Nursery has benefited both mother and child.

One child of 2 years—Referred by G.P. Mother advised to rest-up, threatened Miscarriage. Nursery care for child enabled father to carry on working.

The above will give some idea of the value of the Day Nursery Service to the community of Derby knowing that in our midst we will always have, apart from widows, unmarried mothers etc, other social difficulties, e.g. children with disabilities, i.e. mongolism, spasticity, deafness etc. These children benefit considerably and the parents morale is uplifted by care in a day nursery.

Parents who are bad providers.

Husbands ill or incapacitated (so that a full days work for a full days pay impossible).

Husbands without any degree of skill and responsibility resulting in low wage.

Very 'young marrieds' struggling to get a home together.

In the last four categories the *wife must work* if the children and the parents are to have a fairly reasonable standard of living.

This year saw the start of a country-wide campaign for more nurseries to help mothers return to jobs vital to the nation's interests, like nursing and teaching. Many such applications are received within this borough and because of lack of places it is impossible to give help to some of these cases.

Day Nurseries cater for the needs of all these people constantly through the year, Mondays to Fridays 8-0 a.m. to 6-0 p.m. Parents are greatly relieved in this positive form of help knowing their children are in good hands.

Changes in 1968

On April 1st 1968, Derby acquired a fifth day nursery due to the take-over by the borough of "the added area". This nursery is situated at Reginald Road South, Chaddesden. It is a war-time hutt building with accommodation for 40 children per day, 0-5 years of age. Contact with the staff and the running of this nursery has been made since 1943 as their students came under the care of Derby Health and Education Departments to receive training for the National Nursery Examination Board Certificate.

The day Nurseries now existing under the auspices of the Health Department of the Derby Corporation are as follows: —

	<i>per day</i>
The Armstrong Day Nursery, St. Mark's Road	50 places
The Ashtree House Day Nursery, 218 Osmaston Road, ...	50 places
The Day Nursery, Ford Street	40 places
The Day Nursery, Kitchener Avenue	40 places
The Chaddesden Day Nursery, Reginald Rd., Sth., Chaddesden	40 places

Number of nurseries at end of year—4+1 from added area (Chaddesden) (5).

Number of places at end of year—180+40 from added area (220).

Average daily attendance during year—168+25 from added area. (193).

Number of children on register at end of year—215+48 from added area. (263).

Number of priority children on waiting list at end of year—23+2 from added area. (25).

NURSERY FEES—remained the same as the previous year, the maximum fee being 10/- per child per day, 6/- part time (from 8-0 a.m. until 1-0 p.m. or from 1-0 p.m. until 6-0 p.m.) and 2/- for family where only mothers income received.

The routine of investigation of all childrens stools before admission has for another year proved to be of important value in preventing children with infections of the intestinal tract from admission until treatment has been given to them. In the past it was not possible to ascertain as to whether a child was infectious as often he was perfectly well in general. The drawback to this arrangement is—that urgent cases, i.e. immediate hospitalisation of mother—cannot be helped in the critical period as approximately two weeks is needed for the Pathological Laboratory to clear each child.

Number of children's stools examined by Pathological Laboratory in 1968:—

Total number—259.

Number Negative Result—241.

Number Positive Result—18 (3 Staph. Aureus), (14 Entopathetic E. Coli), (1 Dysentery).

It will be seen then, that this has paid dividends in preventing a possible out-break of infection to children already attending the nursery.

Medical Care

No serious infection occurred to the children in the Derby Day Nurseries throughout the year—any absenteeism was generally due to the mothers ill-health. Immunisation and Vaccination against the killer diseases, i.e. Smallpox, Poliomyelitis, Diphtheria, Pertussis and Tetanus was continued and this year 'Measles' control was also added, and so the children are given valuable protection by our Medical Officer who specialises in this field. Routine visits to all nurseries and periodic checks of all childrens health by Derby's team of medical staff continued as in previous years.

We in the Derby Day Nurseries are happy in the knowledge that the medical supervision and care bestowed to prevent abnormalities or ill-health occurring to Derby's nursery children is of the highest degree.

Examination

Number of students entered for the National Nursery Examination Board Diploma in Nursery Nursing (Royal Society of Health) in June, 1968 was eleven. All eleven passed the examination and of these students—

Two remained in the employment of the Health Department and were promoted to Staff Nursery Nurses.

Two went to work at the Premature Baby Unit.

Four to private families as 'Nanny'.

One hoped to work in a kindergarten nursery in Italy.

One went to further training for general nursing.

One getting married.

Visits to Day Nurseries

As in previous years many students from Secondary Modern, Grammar, Technical Institutes and Colleges, Hospitals, Midwifery pupils, have visited Day Nurseries to see the work involved with the nursery children. This has given them help in relation to their own studies and all have derived great satisfaction by their contact with the Day Nurseries. In addition we are proud to have given assistance in some form of experience to Child Minders of the borough who desire or need this help, so assisting to improve the standard of the borough's 'Child Minder Scheme'.

Private Day Nurseries

There are now (since the extension of the borough) four private day nurseries. These are inspected periodically and reports made on observation of each unit, and any defects are controlled, so ensuring that the standards of such premises are kept at a reasonable level for the children attending.

Applications to open new Private Nurseries

From time to time applications from firms and other members of the public who are interested in acquiring a day nursery are received.

All applicants are dealt with and persons concerned interviewed as to the essential need of their new venture.

III—DENTAL SERVICES

REPORT BY MR. F. GROSSMAN, PRINCIPAL SCHOOL DENTAL OFFICER

Staff

After a long and weary process of advertising, we have at last been able to appoint a full-time, and a part-time, Dental Officer, to commence duty early in 1969.

At the end of the year we had two full-time and a part-time officer out of an establishment of eight. In addition, a Dental Auxiliary is employed to carry out conservation work and give talks on dental health to school children. The employment of two medical officers for the administration of anaesthetics was continued.

Clinics

In the past, the advantages of centralised work have been made use of, but, with the growth of the Borough, and the outward movement of the houses, together with the low school population in the town centre, it would now seem that a point had been reached when the distance between the outlying parts and the Central Clinic are such as to involve a considerable loss of school time to children and inconvenience to parents, as well as the cost of travelling to and fro. For some time this matter has been of concern on account of its possible relationship to the acceptance of, and attendance for, treatment, especially of the not so interested. On those grounds some degree of decentralisation is advisable.

Mill Hill Clinic is now out of date and inadequate, and, with the extended Borough, and the movement of population, not now generally accessible. A Clinic more centrally placed, and branch clinics in some outlying districts, are now desirable.

A beginning is to be made in this direction now that we have been able to appoint two more dental officers. Early in the new year we propose to open the clinics at Mackworth and Chaddesden, which have purpose-built dental surgeries, to treat school children, pre-school children, and mothers in those areas.

Fluoridation

The menace of dental disease has now become so great in its dimensions as to become a national problem.

I was pleased to report in 1965 that the Health Committee had agreed, in principle, to the fluoridation of the public water supply, and so even the neglectful and disinterested would benefit without being aware of it, but unfortunately at the time of writing this report, fluoridation is not yet present in the Borough water supply, but I am hopeful that this matter will be resolved between the authorities concerned before the end of the year.

Routine Dental Inspections

The number of pupils who received a routine dental inspection at school was 16,130. In addition to the pupils who received a routine dental inspection in their school, 2,538 were inspected at the Clinic because of requests made on their behalf for emergency treatment, or for four to six monthly examinations. This gives a total of 18,668. Those dentally defective pupils, whose dental condition conveyed that they were in the habit of receiving treatment from private dental practitioners were not referred for Clinic treatment.

Treatment

9,004 attendances at the Clinic were made by 4,237 children for the following treatment:

Fillings—6,164 fillings were inserted in 4,606 teeth.

Extractions—1,197 permanent teeth and 4,279 deciduous teeth.

General Anaesthetics—2,606 general anaesthetics were administered.

Other Operations—58 dentures were supplied.

Dental Health

I am grateful to the Health Visitors, who lose no opportunity in their Clinics to emphasize the importance of healthy mouths.

Short talks were given by the Dental Auxiliary to some of the Junior Schools in the area.

Use is made of posters and leaflets, and there is a continuous process of chairside indoctrination with each patient.

INSPECTION AND TREATMENT

Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1968.

Number of pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools, in January, 1969:—36,032.

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	1,945	1,836	456	4,237
Subsequent visits	1,822	2,244	701	4,767
Total visits	3,767	4,080	1,157	9,004
Additional courses of treatment commenced	185	276	111	572
Fillings in permanent teeth ...	1,150	3,109	1,125	5,384
Fillings in deciduous teeth ...	730	60	—	790
Permanent teeth filled ...	975	2,867	1,056	4,898
Deciduous teeth filled ...	687	21	—	708
Permanent teeth extracted ...	174	764	259	1,197
Deciduous teeth extracted ...	3,348	931	—	4,279
General anaesthetics	1,631	861	114	2,606
Emergencies	865	359	58	1,282
Number of pupils X-rayed ... ... ...	...	...	35	
Prophylaxis ... ... ...	...	...	168	
Teeth otherwise conserved ...	...	...	3	
Number of teeth root filled ...	...	...	1	
Inlays ... ... ...	...	...	—
Crowns ... ... ...	...	...	—
Courses of treatment completed ... ... ...	...	...	3,747	

ORTHODONTICS

Cases remaining from previous year ...	...	...	25
New cases commenced during year ...	...	...	31
Cases completed during year ...	...	...	13
Cases discontinued during year ...	...	...	5
No. of removable appliances fitted ...	...	...	41
No. of fixed appliances fitted ...	...	...	—
Pupils referred to Hospital Consultant ...	...	...	11

PROSTHETICS

	5 to 9	10 to 14	15 and over	Total
	—	—	1	1
Pupils supplied with F.U. or F.L. (first time)	—	—	—	—
Pupils supplied with other dentures (first time) ...	1	16	9	26
Number of dentures supplied	1	35	22	58

ANAESTHETICS

General Anaesthetics administered by Dental Officers—42.

INSPECTIONS

(a) First inspection at school. Number of pupils ...	...	...	16,130
(b) First inspection at clinic. Number of pupils ...	...	...	2,538
Number of (a) + (b) found to require treatment ...	...	...	8,098
Number of (a) + (b) offered treatment ...	...	...	6,868
(c) Pupils re-inspected at school or clinic ...	...	...	3,375
Number of (c) found to require treatment ...	...	...	1,475

SESSIONS

Sessions devoted to treatment ...	...	1,103
Sessions devoted to inspection ...	...	166
Sessions devoted to Dental Health Education ...	...	45

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

ATTENDANCE AND TREATMENT

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of visits for treatment during year:		
First visit ...	153	85
Subsequent visits ...	95	146
Total visits ...	248	231
Number of additional courses of treatment other than the first course commenced during year ...	27	5
Treatment provided during the year:—		
Number of fillings ...	79	17
Teeth filled ...	74	17
Teeth extracted ...	372	287
General anaesthetics given ...	164	51
Emergency visits by patients ...	148	60
Patients X-rayed ...	—	5
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis) ...	1	6
Teeth otherwise conserved ...	—	—
Teeth root filled ...	—	—
Inlays ...	—	—
Crowns ...	—	—
Number of courses of treatment completed during the year ...	111	38

PROSTHETICS

Patients supplied with F.U. or F.L. first time)	7
Patients supplied with other dentures	12
Number of dentures supplied	51

ANAESTHETICS

General anaesthetics administered by Dental Officers	—
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INSPECTIONS

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first in- spections during year	230	110
Number of patients who required treatment	168	103
Number of patients who were offered treatment	168	102

SESSIONS

Number of Dental Officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients:—

For treatment	57
For Health Education	—

In addition to the forgoing information the table below gives details of treatment provided during the first quarter of the year to residents of the areas which were subsequently absorbed by the Borough boundary extension.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
ATTENDANCE AND TREATMENT		
Number of Visits for treatment during year:—		
First visit	47	—
Subsequent visits	8	—
Total visits	55	—
Number of additional courses of treatment other than the first course commenced during year	—	—
Treatment provided during the year:—		
Number of fillings	5	—
Teeth filled	5	—
Teeth extracted	46	—
General anaesthetics given	31	—
Emergency visits by patients	26	—
Patients X-rayed	—	—
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	1	—
Teeth otherwise conserved	94	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Number of courses of treatment completed during the quarter	36	—

PROSTHETICS

Patients supplied with F.U. or F.L. (first time)	—
Patients supplied with other dentures	—
Number of dentures supplied	—

ANAESTHETICS

General anaesthetics administered by Dental Officers	—
--	---

INSPECTIONS

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Number of patients given first inspections during year	78	—
Number of patients who required treatment	47	—
Number of patients who were offered treatment	47	—

IV—SCHOOLS AND SCHOOL CHILDREN

REPORT BY J. E. MASTERSON, DEPUTY MEDICAL OFFICER OF HEALTH AND
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER.

GENERAL REVIEW

On April 1st, the Borough extended, and the school population increased from approximately twenty thousand to over thirty-six thousand. This inevitably caused some difficulties, as it has so far proved impossible to obtain the services of extra School Medical Officers. Re-arrangement of duties, however, enabled all essential work to be carried out, but expansion of services has not been possible. The work of the School Health Service is largely dependent upon the availability of School Medical Officers, and, in spite of advertisements, locally and nationally, no extra full-time School Medical Officer was recruited during the year. The only extra medical staff to join the Service was Dr. J. Douglas, who is able to devote four sessions per week to medical inspection.

The number of medical inspections carried out during the year has not increased, but the figures in the tables that follow hardly give a fair picture of the position. The Medical Officers have spent much of their time visiting and getting to know personally the staffs of the schools in the added areas, and dealing with special problems in these schools. All these schools were informed immediately after the Borough extension of the services available, and invited to inform the Central Clinic immediately of any difficulties. By and large all their problems were dealt with promptly.

During the year I have become increasingly concerned about some of our handicapped pupils. For a population of twenty thousand school children, the two Day E.S.N. Schools, with just over two hundred places, were able to cope reasonably well with the demand, and there was no long waiting list for these schools. At the end of the year, with the increased general school population, the waiting list for E.S.N. places was over fifty, and is continuing to grow. Plans are in hand to build a third E.S.N. School, but until this is open, many E.S.N. children will inevitably have to remain in ordinary schools. This is a problem not confined to Derby, and we have perhaps been more fortunate than some other towns in the past.

I also feel that we should have at least one unit for partially hearing children attached to an ordinary school in the town. The Royal School for the Deaf is most helpful, and the staff there would I know use all their expertise in helping to establish such a unit. At the present time some of the partially hearing children attend a unit in the County, but this entails considerable taxi journeys, which are both inconvenient and expensive. I hope that the financial position will permit the establishment of a suitable unit in the reasonably near future.

Changes have become necessary during the year in the School Ophthalmic Service. Until April, 1968, two Ophthalmologists held regular clinics at Temple House, and were able to see all children suffering from eye defects referred by School Medical Officers. Mr. C. H. Bamford, who incidentally had attended the clinic for about thirty years, retired in January, and Mr. W. Harris resigned in April. Mr. T. G. G. Davies, who succeeded Mr. Bamford, is only able to devote one session per week to school ophthalmic work, and it is quite impossible for him to see all the children needing refractions. At the discretion of the School Medical Officers the majority of these children are now being referred to local Opticians or Medical Eye Centres, and only "special" cases are referred to the Temple House Ophthalmic Clinic. This arrangement appears to be working well.

The Aural Clinics continue to function satisfactorily. Mr. Flett, Consultant E.N.T. Surgeon, who had attended the Clinic for many years, retired in August, and we are grateful to him for his help over the years, but we were fortunate as his successor, Mr. H. G. Evans was appointed without delay, and the work of the Clinic continued without interruption.

During the year a clinic for minor ailments was opened in the Child Health Centre at Chaddesden, and arrangements are being made for speech therapy sessions to be held there as well.

Accommodation at the Central Clinic, Temple House, is now getting very congested with the increase of clerical staff. The building is old and not suitably designed to cope with all the administrative work, but plans are in hand for a new Central Clinic. I hope that the economic position will improve sufficiently for them to be implemented in the near future.

Other details of routine work undertaken during the year is given in the reports which follow.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS Periodic Medical Inspection

Number of Children inspected:—The total number of children inspected was 4,180. Of these 2,122 were boys and 2,058 were girls. In addition, 78 children were brought forward for special examinations by head teachers.

FINDINGS AT PERIODIC INSPECTION

Physical Condition

The Physical condition of the 4,180 pupils inspected in 1968 was classified as follows:—

Satisfactory	...	...	4,175
Unsatisfactory	...	...	5

Heights and Weights

Age	Year	BOYS			GIRLS		
		Number examined	Average Height (inches)	Average Weight (lbs.)	Number examined	Average Height (inches)	Average Weight (lbs.)
5 years	1912	440	40.27	39.42	462	40.16	35.56
	1919	499	40.7	39.4	496	40.3	39.1
	1935	842	41.8	41.6	779	41.7	40.6
	1946	466	42.3	43.0	439	41.8	41.3
	1956	812	43.2	43.0	700	43.0	42.1
	1962	514	42.9	42.9	468	42.2	41.3
Born 1957	1963	481	42.9	42.7	418	42.7	41.8
Born 1958	1964	477	42.9	42.6	429	42.7	42.5
Born 1959	1965	416	43.1	43.0	393	43.2	42.2
Born 1960	1966	427	43.1	42.7	399	42.6	42.0
Born 1961	1967	513	43.1	43.3	484	43.0	42.0
Born 1962	1968	471	43.0	43.8	441	43.0	42.5
14 years..	1947	425	62.8	104.4	364	62.0	106.3
	1956	751	63.3	108.1	590	62.1	109.6
	Born 1948	510	62.6	109.1	389	61.7	109.1
	Born 1949	405	63.1	109.0	404	61.8	112.3
	Born 1950	290	62.2	106.7	222	61.0	107.9
	Born 1951	313	63.0	109.7	244	61.3	113.7
	Born 1952	263	62.9	108.4	285	63.9	110.2
	Born 1953	465	62.9	107.3	382	61.9	110.2
	Born 1954	177	62.7	108.9	258	61.5	111.2

Visual Defects and External Eye Disease

The percentage of children found to have defective vision was 11.9%.

In the two age groups, the percentages of children who were unable to read 6/6, 6/6, were:—

Boys born 1963	Girls born 1963	Boys born 1954	Girls born 1954
4.6%	7.2%	17.5%	24.0%

In the same age groups, the percentages of children with more serious defects (6/12 or worse in either one or both eyes) were:—

Boys born 1963	Girls born 1963	Boys born 1954	Girls born 1954
3.1%	4.5%	7.3%	7.7%

The percentage of the children noted as requiring treatment was 7.4%.

The number of partially sighted children as judged by the accepted criteria is 8.

Squint

The number of children born in 1963 found to have a squint, even of the smallest degree, was 22.

Colour Vision Testing, 1968

Date of Birth	BOYS					GIRLS				
	No. tested	No. with correct C.V.	No. with defective C.V.	No. to be re-tested	% with defective C.V.	No. tested	No. with correct C.V.	No. with defective C.V.	No. to be re-tested	% with defective C.V.
1962 and 1963	749	743	1	5	.1%	679	678	-	1	-
1953 and 1954	197	188	9	-	4.5%	344	343	1	-	.29%
TOTALS ..	946	931	10	5	1.05%	1023	1021	1	1	.09%

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

External Eye Disease

The following defects were found in the course of periodic medical inspection:—

Blepharitis 5 Conjunctivitis 2

Other Defects 18

Uncleanliness

See report on page 59.

Minor Ailments and Diseases of the Skin

The following skin diseases were recorded at the medical inspections:—

Eczema	66	Psoriasis	9
Warts	17	Alopecia	3
Naevus	15	Urticaria	1
Verrucae	5	Dermatitis	4
Acne	11	Athlete's Foot	2
Scabies	1	Other Diseases	102

Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was 1.2 per cent of the number examined. The percentage placed under observation was 7.2.

Ear Disease and Defective Hearing

67 children were noted as suffering from Otorrhoea at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 312 cases.

Orthopaedic and Postural Defects

The following deformities were noted at the periodic medical inspections:—
Foot deformities—59; Postural defects—23; Other defects—197.

Vaccination

1,622 (38.8 per cent) of the 4,180 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows:—

1938	10.8	1964	34.3
1945	8.0	1965	30.5
1955	12.8	1966	34.3
1962	30.9	1967	35.1
1963	32.7	1968	38.8

FOLLOWING UP

The arrangements for the following up of children suffering from the various defects continued as outlined in a previous report.

ARRANGEMENTS FOR TREATMENT

School Clinics

	Monday		Tuesday		Wednesday		Thursday		Friday	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Central Clinic, Temple House ..	S. M.A. C.G. R.G.	S. C.G. R.G. S.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G.	S. C.G. S.	C.G. R.G. S.	C.G. R.G. S.
Branch Clinics										
Nightingale Road ..	-	-	-		M.A.	-	-	-	-	M.A.
Boulton	M.A.	-	-	-	-	-	-	M.A.	-	-
Normanton	-	M.A.	-	-	-	-	-	-	M.A.	-
Rykneld	-	-	M.A.	-	-	-	-	-	-	M.A.
Roe Farm	M.A.	-	-	-	-	-	-	M.A.	-	-
Green Street	-	-	M.A.	-	-	-	-	-	M.A.	-
Mackworth	-	M.A.	-	-	-	-	-	-	M.A.	-

M.A. ... Minor Ailments Clinic
S. ... Speech Clinic

C.G. ... Child Guidance Clinic
R.G. ... Remedial Gymnast's Class

The Dental Clinic, Mill Hill Road, is held every day of the week.

In addition, the following Regional Hospital Board clinics are held in the

Central Clinic premises:—

Ophthalmic Clinic	...	...	One session per week
Orthopaedic Clinic	...	...	One session per week
Aural Clinic	...	...	One session per week

Consultation Clinic, Mill Hill Lane

175 attendances were made at this clinic during the year.

Minor Ailments Clinic

The total number of children attending these clinics was 2,429 and the number of attendances was 8,004. 1,044 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931.

Year	No. of children attending	Attendance
1931	11,470	55,460
1938	19,224	63,820
1945	16,810	59,750
1948	10,593	47,959
1958	2,886	20,129
1962	3,388	15,539
1963	3,490	16,645
1964	3,269	13,591
1965	2,928	11,618
1966	3,005	9,911
1967	3,153	9,492
1968	2,429	8,004

Aural Clinic, Mill Hill Lane

The number of children who received operative treatment for tonsils and adenoids during 1968 was 28.

Total number of cases attended	135
Total number of attendances	181
Number of X-ray examinations (at hospital)	2

Orthopaedic Clinic, Mill Hill Lane

Total number of cases attended	298
Total number of attendances	356

Included in these figures are 92 cases referred from Child Health Centres.

Number of X-ray examinations (at hospital)	29
Attendances at Splint Maker	184

Remedial Gymnast

Total number of attendances (at Central Clinic)	422
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AT ASHE HALL SPECIAL SCHOOL:—

Number of children treated	53
Number of treatments given	4,183
Number of visits to School	205

Ophthalmic Clinic, Mill Hill Lane

Total number of cases attended	736
Total number of attendances	822

Orthoptic Clinic

I am indebted to the Orthoptist in charge of the Department, for the following report:—

Number of cases dealt with during 1968	37
CLASSIFICATION	
Under observation, on preliminary treatment, or actual treatment	21
Discharged	16
Total number of attendances	156

SPEECH THERAPY CLINIC

REPORT BY MISS A. M. FLEMING, SENIOR SPEECH THERAPIST

The service offered by this clinic continues to run smoothly. At the end of January, Miss Herdman left us to emigrate to Canada, and Mrs. Fisher joined us, full-time, in April.

During April, 110 children were transferred from the County Speech Therapy Department, following the Borough extension, and each of them was offered an appointment during April or May. Fifty-five accepted the invitation to attend, and of these 39 were in need of treatment. Following the Borough extension, referrals showed a marked increase, and referrals from those areas previously in the County made up 73 per cent of the total.

Visits to schools have increased this year, and a further increase is envisaged during 1969. Ivy House Junior Training Centre and the Special Care Unit have continued to be visited in an advisory capacity.

No. of cases seen during 1968 266

(Of these cases, 13 were treated at Derbyshire Royal Infirmary, and 7 are on the waiting list but have been interviewed).

Classification of cases seen during 1968:

Stammer	...	...	...	...	...	30	266
Dyslalia	...	...	...	...	...	34	
Cleft Palate	...	...	...	...	...	13	
Retarded speech and/or language development	...	...	...	...	...	164	
Others	...	...	...	...	...	25	
No. of cases carried over from 1967	...	...	...	...	...	95	
No. of new cases admitted during 1968	...	...	...	...	...	145	
No. of cases carried over into 1969	...	...	...	...	...	157	

No. discharged during 1968: (This includes 30 cases discharged before treatment commenced).

Speech normal	41	113
Much improved	...	...	...	...	...	21
Failed to attend	...	...	...	...	...	39
Treatment contra-indicated	...	...	...	...	...	6
At parents' request	...	...	...	...	...	2
Left district	3	
To Special School	1	

No. referred during 1968	...	...	...	...	186
No. on waiting list at 31st December, 1968	...	...	...	...	21
No. of School Visits	...	...	...	...	20
No. of Home Visits	...	...	...	...	23
No. of Clinics held	...	...	...	...	589
Actual no. of attendances	...	...	...	...	1,962
Possible no. of attendances	...	...	...	...	2,616

Cases treated at Derbyshire Royal Infirmary during 1968

No. of children seen during 1968	...	...	...	...	13
No. of children discharged during 1968	...	...	...	...	3
No. of children carried over to 1969	...	...	...	...	10

CHILD GUIDANCE CLINIC

Report by DR. V. PILLAI, *Psychiatrist.*

As was expected, because of the change of boundary, there was an increased number of referrals to the Clinic both for psychometric assessment as well as for psychiatric assessment. It is gratifying to note that there is an increasing liaison with the family doctors and the Paediatricians as there is a greater increase from these two sources.

The Senior Educational Psychologist has continued to provide valuable help. Also, we have been fortunate to acquire the services of a second Educational Psychologist who has been very helpful. Both of them have provided increased liaison with the schools.

Miss Hardy, our Remedial Teacher, continues to provide valuable help at the Clinic. We also have the help of a further Remedial Teacher, Mrs. Rodwell.

Though we have not been able to acquire the services of a Psychiatric Social Worker, Mr. Carabine, Senior Medical Social Worker in the Public Health Department, has promised that he will provide us with Social Worker help from his Department. I am hoping that this arrangement will narrow the gap in providing family casework cover to those families who are in need.

At the Borough Child Guidance Clinic, Mill Hill Lane, we are continuing to provide routine diagnostic service and an adequate degree of superficial psychotherapy and supportive help for children and parents. Also, we provide intensive psychotherapy for selected cases. The rest of the children who need intensive treatment are admitted to the Grange Child Psychiatric Unit. We are also able to provide a very adequate remedial teaching service.

The increased number of out-patient clinic sessions at the different clinics (the Borough Child Guidance Clinic, Children's Hospital and Grange) has enabled me to cope with the increasing referrals and also increased my liaison with the Paediatricians, the Children's Department and other agencies dealing with children.

The statistical tables attached to the report show that the clinical work has continued as effectively as in previous years.

I am grateful to all my colleagues at the Clinic and to Dr. Masterson and Mr. Middleton for their help.

Statistical Tables

NOTE 1.—The figures in these tables refer only to the actual work done in the Child Guidance Clinic during 1968. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals in the various tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1967 and 1966 are given in brackets.

TABLE I. Interviews carried out by Psychiatrist 1968 1967 1966

New Cases ...	...	...	97	(91)	(89)
Parents ...	...	...	179	(125)	(115)
Treatment Interviews ...	...	...	49	(56)	(58)
Survey Interviews ...	...	...	62	(50)	(51)
Others (Children's Officer, Foster-Parents, Probation Officer, etc.) ...	...	...	17	(27)	(24)
Home Visits ...	...	...	—	(5)	(9)

TABLE II. Interviews by Educational Psychologists 1968 1967 1966

Clinic Interviews for Intelligence and Other Tests	265	(163)	(183)
Test Interviews in Schools ...	258	(149)	(60)
School Visits ...	161	(74)	(128)
Home Visits ...	1	(2)	(3)
Play or Tutor Sessions ...	44	(35)	(8)
Parents ...	257	(5)	(9)
Others (Children's Department, Probation Officer, School Welfare, Health Visitor, Medical Practitioners, N.S.P.C.C., etc.) ...	27	(6)	(2)

TABLE III. Sessions worked by Remedial Teachers 1968 1967 1966

MISS HARDY			
Group Sessions in Schools ...	294	(298)	(298)
Individual Teaching Sessions in the Clinic	306	(286)	(311)
MRS. SMITH			
Group Sessions in Schools ...	474	(370)	(384)
Individual Sessions in Schools	218	(—)	(—)
MRS. RODWELL			
Group and Individual Sessions in Schools ... (September to December, 1968 only)	503	(—)	(—)

TABLE IV. Recommendations Made 1968 1967 1966

New Cases referred to Child Guidance Clinic during 1968 ...	252	(169)	(150)
New Cases remaining 31st December where full diagnostic interviews are still incomplete ...	22	(12)	(9)
Recommended for:			
Intensive Treatment ...	31	(20)	(18)
Survey ...	54	(69)	(64)
Relationship Therapy of Play Group ...	—	(5)	(2)
Remedial Teaching ...	3	(4)	(4)
Diagnosis and Initial Advice Only ...	51	(19)	(18)
Other Disposals ...	11	(14)	(11)
Cases closed, including those referred for initial advice and report only ...	120	(112)	(102)

TABLE V. Source of Referral		1968	1967	1966
School Medical Service	94	(38) (25)
Schools	58	(46) (43)
Parents	7	(14) (11)
Juvenile Court and Probation Officer	3	(7) (8)
Speech Therapist	3	(4) (6)
Children's Officer	13	(9) (11)
St. Christopher's	1	(—) (—)
General Practitioners	46	(19) (17)
Hospital	14	(12) (9)
School Welfare	1	(2) (3)
Health Visitors	2	(10) (9)
N.S.P.C.C.	—	(1) (2)
County C.G.C.	10	(7) (6)

TABLE VI. Distribution of Schools		1968	1967	1966
Pre-School	...	...	26	(16) (18)
Nursery	...	...	3	(6) (7)
Infants	...	...	54	(27) (28)
Junior	...	...	103	(46) (38)
Secondary Modern	...	...	39	(25) (18)
Grammar and Secondary Technical	...	...	10	(9) (7)
Not at School	...	...	5	(4) (6)
Special Schools:—				
Educationally Sub-normal	...	...	5	(5) (7)
Physically Handicapped and Delicate Children		6	(1) (1)	
Attending Private Schools	...	...	1	(2) (1)

TABLE VII. Reasons for Referral		1968	1967	1966
(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and over-lapping categories).				
Educational Problems	...	107	(29) (15)	
Behaviour Problems	...	105	(68) (69)	
Emotional (nervous problems)	...	14	(41) (36)	
Other Reasons	...	26	(10) (13)	

TABLE VIII. State of Cases on Closure		1968	1967	1966
(a) Completed:—				
Much Improved	...	11	(14) (12)	
Improved	...	20	(29) (27)	
No Change	...	8	(4) (2)	
(b) Cases closed for other reasons, including children who have left school or the area before treatment was complete, or cases closed because of lack of co-operation	...	34	(24) (21)	

PROVISION OF MEALS

The number of children on the Free Meal List is 2,225.

CO-OPERATION OF PARENTS

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows:—

			<i>Total Number</i>	<i>Total Percentage</i>	<i>Percentage in Infant Group</i>
1914	...	...	1,096	14.2	—
1924	...	...	1,464	24.8	—
1934	...	...	4,077	48.6	83.0
1945	...	...	2,122	55.0	80.1
1954	...	...	4,697	57.6	88.2
1962	...	...	3,738	50.1	85.5
1963	...	...	3,283	47.9	84.5
1964	...	...	3,427	51.1	80.9
1965	...	...	2,829	47.3	83.8
1966	...	...	3,087	48.2	83.2
1967	...	...	2,415	43.8	80.4
1968	...	...	2,362	56.5	88.3

List of Maintained, Non-Maintained Special Schools, and Independent Schools, in relation to pupils shown in Section B, Sub-Sections (I), (II), (III) and (IV) on pages 54 and 55

BLIND

- Sheffield School for Blind Children, Sheffield.
- Chorley Wood College for the Blind, Rickmansworth.
- Birmingham R.I. for the Blind—Lickey Grange School, Bromsgrove.

PARTIALLY SIGHTED

- Exhall Grange School, Exhall.
- West of England School, Exeter.
- St. Vincent's School for the Blind and Partially Sighted, Liverpool.

DEAF

- Royal School for the Deaf, Derby.
- Ewing School for the Deaf, Nottingham.
- Mary Hare Grammar School for the Deaf, Newbury, Berkshire.

PARTIAL HEARING

- Royal School for the Deaf, Derby.
- Needwood School for the Partially Hearing, Burton-on-Trent, Staffordshire.
- St. John's Roman Catholic School for the Deaf, Boston Spa, Yorkshire.
- *Heanor Partially Hearing Unit, (William Howitt Infant & Junior School), Heanor Derbyshire.

PHYSICALLY HANDICAPPED

- Thieves Wood School, Nr. Mansfield, Nottinghamshire.
- Irton Hall School, Cumberland.
- Talbot House School, Glossop, Derbyshire.
- Florence Treloar School, Holybourne, Nr. Alton, Hampshire.
- Palace School, Ely.
- Ingfield Manor School Billinghamhurst.

DELICATE

Ashe Hall School, Etwall, Nr. Derby.
Eden Hall School, Bacton-on-Sea, Norfolk.
Pilgrims School, Seaford, Sussex.
St. Catherine's School, Ventnor, Isle-of-Wight.

MALADJUSTED

Overseal Manor School, Burton-on-Trent, Staffordshire.
Swalcliffe Park School, Oxfordshire.
Caldecott Community School, Kent.
Rudolf Steiner Camphill School, Aberdeen.
Royal Eastern Counties Special Schools, Colchester.

E.S.N.

St. Martin's School, Derby.
St. Giles' School, Derby.
Sheiling Curative Schools Ltd., Ringwood, Hampshire.
Crowthorne School, Edgeworth, Lancashire.
John Duncan School, Buxton, Derbyshire.
Breadsall Brookside School, Derby.
Brackenfield School, Long Eaton, Derbyshire.
Delves School, Swanwick, Derbyshire.

SPEECH

The John Horniman School, Worthing, Sussex.

* Special Unit not forming part of a Special School.

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS: IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE EDUCATION ACT 1944: ALL BOARDED IN HOMES

As at 23rd January, 1969																			
		Blind (1)	girls boys	P.S. (2)	girls boys	Deaf (3)	girls boys	Pt. Hg. (4)	girls boys	P.H. (5)	girls boys	Mal. (6)	Del. (7)	E.S.N. (8)	Epi. (9)	Sp. Def. (10)	Total (11)		
		boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	boys girls	girls boys	girls boys
How many children from the authority's area were awaiting places in special schools other than hospital special schools?																			
(i) Waiting before 1st January 1968:		(a) day places		-		-		-		-		-		-		-		-	
(1) Under 5 years of age		(b) boarding places		-		-		-		-		-		-		-		-	
(ii) Newly assessed since 1st January 1968:		(a) day places		-		-		-		-		-		-		-		-	
		(b) boarding places		-		-		-		-		-		-		-		-	
(i) Waiting before 1st January 1968:																			
		(a) whose parents had refused consent to their admission to a special school		(a) day places		-		-		-		-		-		-		-	
		(b) boarding places		-		-		-		-		-		-		-		-	
(2) Others		(a) day places		-		-		-		-		-		-		-		-	
		(b) boarding places		-		-		-		-		-		-		-		-	
(ii) Newly assessed since 1st January 1968:																			
		(a) whose parents had refused consent to admission to a special school		(a) day places		-		-		-		-		-		-		-	
		(b) boarding places		-		-		-		-		-		-		-		-	
(3) Total number of children awaiting admission to special Schools other than hospital special schools - total of (i) and (ii) above		(a) day places		-		-		-		-		-		-		-		-	
		(b) boarding places		-		1		-		-		1		-		4		-	
												1		2		2		-	
												1		1		-		-	
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EDUCATIONALLY SUBNORMAL

New decisions recorded under Section 57 of the Education Act, 1944	12
Interviews carried out under the provisions of Section 57A of the Education Act, 1944	—
Decisions cancelled under Section 57A (2) of the Education Act, 1944	—

E.S.N. Day Special Schools

The following is a report by MR. W. J. LAKE, *Headmaster of St. Martin's School*:—

Thirty-four children were admitted here during the year—twelve girls and twenty-two boys.

Of the twenty-four children discharged, ten were successfully placed in employment, two were sent by the Authority to the School Leavers' Course at Long Eaton, four were transferred to St. Giles School, one boy was transferred to the Junior Training Centre, one boy to Aston Hall Hospital and six boys were able to return to normal schools.

On the staff side, one teacher was seconded to Nottingham University on a one year course, and three new teachers were appointed.

This year has been spent in settling into our new premises and in preparing for the next phase in re-organisation. This will mean our becoming once more an all-aged mixed school. To this end, the Domestic Science room was completed—but owing to the shortage of teaching space has had to be used as a classroom. We are hoping to have additional classroom space by the beginning of the next school year, and this will enable us to take in more girls and to become fully co-educational.

Projects during the year have included making school gardens, fitting out a woodwork room, and the conversion of part of the old dining centre into a group reading room. The last item involved most of the boys and girls in the School, and was quite an ambitious project.

Several outings were organised during the year, including trips to the Peak District, and the East Midlands Airport.

The following is a report by MISS K. S. JAYS, *Headmistress of St. Giles' School*:—

There were ninety-three children on roll at the beginning of the year, but this number had dropped to eighty-five in December. Uncertainty as to staffing precluded any significant increase in numbers, and we had a higher number of pupils leaving the school for a variety of reasons, viz.,

Four were returned to normal schools.

One Jamaican returned to the W.I.

One left at Easter, ten in July, and one in December.

Two were transferred to the Training Centre.

The majority of sixteen year old girls got work on leaving, although one was unemployable and one other got into trouble (running away from home) and was in care of the Children's Officer.

The Educational Psychologists continued to give W.I.S.C. Tests throughout the year.

Senior girls visited local factories, and the School spent one day at Twycross Zoo and Alton Towers. We had a Sports Day in the Summer Term.

Visitors included a N.A.M.H. student for two days and we had a Training College student for two weeks. The Tutor-in-Charge of the Diploma Course for teachers of handicapped pupils at Nottingham University brought a group of students for one day.

Medical inspections were undertaken by Dr. Noble in January. The health of most pupils throughout the year was reasonable. Some cases of scabies were rather troublesome. Unfortunately three children had accidents at school which subsequently needed hospital treatment.

Work began on the school extension in April. The new kitchen was completed by Christmas.

ASHE HALL SCHOOL FOR DELICATE PUPILS

Report by MR. D. W. HART, Headmaster.

An analysis of the children's disabilities shows:—

Asthmatic	...	...	...	...	...	25
Bronchitic	...	...	...	...	...	5
Bronchiectasis	...	...	...	...	...	2
Orthopaedic abnormalities	...	...	...	...	...	2
Skin complaint	...	...	...	...	...	2
Haemophilia	...	...	...	...	...	1
T.B. Meningitis	...	...	...	...	...	1
Encephalitis	...	...	...	...	...	1
Diabetes	...	...	...	...	...	1
General Debility	...	...	...	...	...	11

The continuation of full-time nursing coverage for the School presents great difficulties, but throughout the year, a full nursing staff has been maintained. the other staff sections of the School have not been short staffed.

The acquisition of a mini-bus from the Variety Club of Great Britain has enabled the children to take part in a greater number of trips and activities; the most notable of which was an exchange five-day visit with a boarding school in Scarborough. The children visited York, Bridlington, Filey, Whitby and the Yorkshire Moors. The party were fortunate in having very good weather and all came back fit and well, obviously having had an enjoyable time.

Over the past year a group of the senior boys have built a number of p.v.c. and glass fibre canoes, which are used on the Soar and at Barrow and Normanton. The use of a canoe trailer allows the canoeists to be very mobile in their choice of sites. During the Summer term a party of senior boys spent two days camping and canoeing at Barrow-on-Soar.

Every Wednesday, a group of the children go horse-riding.

The various clubs continue to flourish, for example, the football team has played fifteen matches against various teams. The usual parties, concert and plays took place at the end of the year.

FULL-TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognized institutions elsewhere.

TEACHING IN HOSPITALS

The following report has been received from MISS M. TURNER, who is in the service of the Local Education Authority, and who undertakes the teaching of children of school age in the local hospitals.

"During 1968, one hundred and fourteen children living in Derby Borough have received tuition in Derby hospitals.

As far as possible, their own curriculum is followed in general subjects. Generally Mathematics, English and Reading are taught individually, but wherever possible group lessons are taken in Handwork, History, Geography, French and Nature Study.

Though the period range for the ninety-six children in the Children's Hospital is from one to seven weeks, only nine children have been in-patients for more than four weeks, so that generally tuition here is filling only a short gap in education, or giving extra help in weak subjects.

		Children's Hospital	Derwent Hospital
Number of Children	...	96	8
Average period of tuition	...	2 weeks	4 weeks
Average Age	...	9 years	9 years 4 months
Age range	...	5—14 years	5—14 years
Period range	...	1—7 weeks	2—6 weeks

Ten children received tuition at the Centre for Physically Handicapped Children, Derbyshire Royal Infirmary.

NURSERY SCHOOLS

The two Nursery Schools (Central and Allenton) continue to function successfully on the lines indicated in previous reports. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects.

The number of children examined was:—

School		Boys	Girls	Total
Central	...	50	42	92
Allenton	...	20	19	39
Totals	...	70	61	131

EMPLOYMENT OF SCHOOL CHILDREN

During the year, 375 children were examined as to their fitness to undertake employment. With the exception of one, all were certified fit.

THE WORK OF THE SCHOOL NURSES

Four nurses are engaged entirely on the work of the School Health Service.

Home visits	99
School visits	145

Visits to Nursery Schools

Number of visits paid	259
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Clinics

Minor Ailments and Specialist Clinics	1,347
Audiometer tests	62

VERMINOUS HEADS

Routine Inspections of all children for the ascertainment of uncleanliness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in four such cases in 1968. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	152
Number of sessions devoted to School Inspections	...	548	

CHILDREN'S COMMITTEE WORK

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service, and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year:—

Initial and routine examinations of Boarded-out children	...	74
Children for adoption	...	13
Examinations carried out at Children's Homes	...	89
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Home)	...	164
Other Examinations	...	267

MISCELLANEOUS WORK

Medical examinations were also made as follows:—

Teachers	...	...	...	...	...	...	26
Before proceeding to Skegness Seaside Home	...	...	...	...	...	...	422
Before taking part in School Journeys. Athletics, etc	...	...	...	...	...	...	176
Before proceeding to School Camps	...	...	...	...	...	...	64
Intending Teachers	...	...	...	...	...	...	160
Outward Bound Courses	...	...	...	...	...	...	9

MASS RADIOGRAPHY OF SCHOOL CHILDREN

Report by DR. W. GUTHRIE, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of School children in 1968:—

"I give below the figures for the survey carried out by this Unit on the school leavers at Derby."

Number X-rayed			Number Available			Percentage X-rayed			X-rayed first time	
M.	F.	Total	M.	F.	Total	M.	F.	Total	No.	%
730	735	1465	1334	1361	2695	54%	54%	54%	1397	95%

REFERRALS TO SPECIALIST CLINICS

Year of Birth	Number of Children Examined	SKIN			VISION			SQUINT		
		No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	
1964	161	-	-	-	-	-	-	8	-	
1963	912	8	6	-	2	20	15	15	2	
1962	1,332	7	2	1	4	27	19	1	7	
1961	151	-	-	-	-	4	1	-	4	
1960	65	-	-	-	-	2	-	3	2	
1959	92	5	2	1	2	10	3	5	2	
1958	82	-	-	-	-	4	1	-	1	
1957	70	3	-	1	2	4	1	-	-	
1956	77	3	2	-	1	8	2	3	3	
1955	72	2	2	-	-	3	-	1	2	
1954	435	9	7	-	2	54	8	22	24	
1953	731	27	15	3	9	94	20	44	30	
TOTAL	4,180	64	36	6	22	230	70	73	86	
								11	16	
									59	

APPENDIX A

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1969 36,032

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)			Total individual pupils
		Satisfactory	Unsatisfactory		No.	No.	For defective vision (excluding squint)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
1964 and later	161	161	—	—	—	7	6	
1963	912	911	1	—	20	57	76	
1962	1,332	1,330	2	—	25	97	117	
1961	151	151	—	—	4	14	16	
1960	65	65	—	—	2	4	6	
1959	92	92	—	—	9	14	21	
1958	82	82	—	—	3	2	4	
1957	70	70	—	—	5	10	13	
1956	77	76	1	—	8	4	11	
1955	72	72	—	—	4	4	7	
1954	435	434	1	—	54	12	65	
1953 and earlier	731	731	—	—	96	56	141	
TOTAL ..	4,180	4,175	5	—	230	281	483	

Column (3) total as a percentage of Column (2) total 99.88%

Column (4) total as a percentage of Column (2) total 12%

TABLE B—OTHER INSPECTIONS

Number of special Inspections	...	...	900
Number of Re-inspections	...	...	4,802
Total	...	...	5,702

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	... ... ... ... ... ...	98,672
(b) Total number of individual pupils found to be infested	... ... ... ... ... ...	405
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	... ... ... ... ... ...	152
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	... ... ... ... ... ...	152

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL
INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)	(3)	PERIODIC INSPECTIONS				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
4	Skin.. ..	T O	8 39	9 12	47 121	64 172	1,305 209
5	Eyes— a. Vision ..	T O	20 108	54 45	156 193	230 346	817 665
	b. Squint ..	T O	15 7	2 1	69 27	86 35	205 84
	c. Other.. ..	T O	2 2	— —	8 13	10 15	235 46
6	Ears— a. Hearing ..	T O	7 95	— 12	14 184	21 291	46 218
	b. Otitis Media	T O	1 11	— 3	5 47	6 61	12 36
	c. Other.. ..	T O	— —	1 1	4 5	5 6	53 31
7	Nose and Throat ..	T O	12 59	— 7	42 239	54 305	142 423
8	Speech	T O	12 82	— —	23 163	35 245	124 145
9	Lymphatic Glands	T O	— 42	— 2	1 176	1 220	6 163
10	Heart	T O	3 4	— 4	2 33	5 41	5 81
11	Lungs	T O	1 25	1 5	5 85	7 115	21 187
12	Developmental— a. Hernia ..	T O	— 3	— —	5 21	5 24	2 15
	b. Other.. ..	T O	2 20	— 2	— 47	2 69	5 58
13	Orthopaedic— a. Posture ..	T O	— 2	— 1	3 17	3 20	4 20
	b. Feet	T O	4 12	— 3	7 33	11 48	37 98
	c. Other.. ..	T O	2 36	5 4	29 121	36 161	118 203

Defect Code No. (1)	Defect or Disease (2)	(3)	PERIODIC INSPECTIONS				Special Inspections (8)
			Entrants (4)	Leavers (5)	Others (6)	Total (7)	
14	Nervous System— a. Epilepsy ..	T	—	1	6	7	21
		O	1	—	9	10	19
15	Psychological— a. Development ..	T	—	—	—	—	—
		O	2	20	158	180	15 70
16	Abdomen	T	—	1	3	4	9
		O	8	1	13	22	30
17	Other	T	—	10	19	29	1,228
		O	43	11	150	204	435

"T" Required Treatment

"O" Requires Observation

PART III — TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	214
Errors of refraction (including squint)	688
Total	902
Number of pupils for whom spectacles were prescribed ...	654

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment— (a) for diseases of the ear	2
(b) for adenoids and chronic tonsillitis ...	28
(c) for other nose and throat conditions ...	—
Received other forms of treatment	71
Total	101
Total number of pupils still on the register of schools at 31st December, 1968, known to have been provided with hearing aids:— (a) during the calendar year 1968	3
(b) in previous years	39

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

					Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	...	...	...	...	129
(b) Pupils treated at school for postural defects ...	...	...	...	...	5
Total	...	...	...	...	134

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I).

					Number of pupils known to have been treated
Ringworm—(a) Scalp	...	...	...	...	5
(b) body	...	...	...	...	8
Scabies	...	...	...	...	72
Impetigo	...	...	...	...	18
Other skin diseases	...	...	...	...	1,197
Total	...	...	...	...	1,300

TABLE E—CHILD GUIDANCE CLINIC

					Number known to have been treated
Pupils treated at Child Guidance Clinics ...	...	...	...	...	298

TABLE F—SPEECH THERAPY

					Number known to have been treated
Pupils treated by speech therapists	...	...	...	...	155

TABLE G—OTHER TREATMENT GIVEN

					Number known to have been treated
(a) Pupils with minor ailments	...	...	...	...	1,364
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	250
(c) Pupils who received B.C.G. vaccination	...	...	...	...	1,596
(d) Other than (a), (b) and (c) above	...	...	...	...	—
Total (a)—(d)	...	...	...	...	3,210

V—PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

REPORT BY DR. G. W. R. MACGREGOR, SENIOR MEDICAL OFFICER.

GENERAL REVIEW—this section is responsible for two main aspects of preventive medicine, namely, the routine protective measures of immunisation and vaccination carried out in accordance with the recommended schedule of the Department of Health and Social Security, and secondly, the investigation of all incidents of infectious or other communicable diseases, and the institution of all necessary measures to prevent the spread of these diseases throughout the community.

PLANNED PROGRAMME OF IMMUNISATION—happily in one sense, but ironically in another, during these decades of rapid advance in the knowledge and techniques of immunisation, infectious disease has become a proportionally smaller part of the concern of public health authorities. In the years before the National Health Service, local authorities were providing medical treatment inside and outside hospital on a grand scale, and today the great field of community care broadens before them, in addition to all their obligations for environmental health.

Since the beginning of an intensive programme of immunisation in the early 1940's, the incidence of the common and disabling infectious diseases, especially among the child population of this country, has now reached almost negligible proportions. The proof of the efficiency of these measures, is shown by the figures—there has been no proved case of diphtheria, tetanus, or smallpox, within the Borough of Derby since the year 1960, when six cases of diphtheria were notified, and twenty-one people found to be carriers, mainly children; in that same year, two cases of poliomyelitis (one paralytic) were notified. It is interesting to note that none of these actual cases had been immunised prior to their illness. Following upon these incidents, an intensive immunisation programme was initiated, and continued with much success during subsequent years. This is reflected in the statistics compiled by the Chief Statistician of the Department of Health, which showed that the percentage of school-children within the Borough of Derby fully protected against diphtheria, whooping cough, poliomyelitis, and small-pox, was in each case well above 73%, and even above the national average for England and Wales, in respect of vaccination against smallpox (figures for 1967—the latest available).

These very satisfactory acceptance rates have not been achieved and maintained, without much hard work and organisation on the part of many devoted people in the public health service, who, by personal contact and persuasion are able to get the important message across, especially to the parents of infants and young children.

It has likewise been my impression, that, during the past decade, the new generation of young mothers and fathers, have become much more health-conscious, and are much more anxious to do their best for their children by bringing them to the various child health centres, of which there are now thirteen providing immunisation and vaccination sessions within the Borough.

The extension of the Borough boundary at the end of March 1968 brought about a considerable increase in the activities of the Immunisation Section. To cater for the needs of the population in the added areas, clinics for immunisation purposes were opened during the year at Child Health Centres in Chellaston, Spondon, Mickleover and Maine Drive Chaddesden. There was also a resultant increase in attendances at a number of the existing clinics.

The routine visiting of all schools for immunisation purposes showed a similar heavy increase in the work load. The number of primary schools in the Borough has now risen from thirty-five to fifty-two. All these schools were visited during the Autumn term, and re-inforcing doses of vaccine given to a large percentage of the five year old age groups.

In addition, all secondary schools are visited and re-inforcing doses of vaccine against tetanus and poliomyelitis offered to all school-leavers in fourteen to fifteen year old age groups. Finally, the thirteen year old group is given B.C.G. vaccination which ensures a high degree of protection against pulmonary tuberculosis for a number of years, in a very susceptible adolescent population.

Measles Vaccination

Measles vaccination was included for the first time in the general immunisation programme. The first vaccine became available in May, and was given to children between five and seven years of age attending Infant schools. Later, when supplies of vaccine became more plentiful, the age range was extended to include all children who had not already had measles between the ages of one and fifteen years. This new campaign met with an enthusiastic response, and by the end of the year 2,952 children had received protection. This number is being continually augmented by the vaccination of younger children at the Child Health Centres, as part of the routine immunisation programme. The efficiency of this vaccine in the prevention of measles has been shown in a dramatic decrease in the number of measles cases notified monthly from a peak incidence of 216 cases in August to 12 cases in December, 1968. This trend has continued with a monthly low total in 1969, and in course of time it may be assumed that measles will become as rare an occurrence among the child population of this country as diphtheria, poliomyelitis and smallpox are today.

To conclude these comments on the protection of the child population by active immunisation against the six major infectious diseases, the important part played by the family doctor in this campaign must not be forgotten. Many of these doctors especially those who are working in group practices, have routine immunisation sessions for children mainly of pre-school age, at their group practices' premises. A close liaison is maintained between all practitioners and this department, who are given a record of all immunisations given to children on their N.H.S. lists and this avoids any possibility of the child receiving two courses of immunisation.

Prevalence of certain specific infectious or communicable diseases, and measures of control taken to prevent further spread.

In the event of the notification to this Department of any of a number of specified infectious diseases, as required by provisions of the Health Services and Public Health Act, 1968, action is taken to visit the household and trace the immediate contacts of the infected person. Working in close liaison with the Public Health Laboratory various specimens as required are collected from each contact for laboratory examination, and, at the same time these contacts are given general advice regarding hygiene. Most important, any who may be engaged in food-handling as their occupation, are advised to remain off work pending results of these laboratory tests and final clearance. This precaution prevents the explosive outbreak of many infections, particularly if the contact happens to be a 'carrier' or an active case of any one of a number of prevalent bowel infections.

During the year a small number of incidents of infectious disease occurred within the Borough, but in every case prompt action taken by contact tracing,

treatment and exclusion of all active cases of infection thus discovered, brought the incidents to a speedy conclusion.

Food Poisoning

A small outbreak of food poisoning occurred in and around Derby on the afternoon and evening of Thursday, 4th April, 1968. There were twenty-three incidents involving at least sixty-three individuals. The outbreak was characterised by sudden onset of vomiting and abdominal pain one to four hours after eating individual cream trifles. In many instances the symptoms were of great severity, and in a few cases necessitated admission to hospital. The majority of those affected, however, had recovered forty-eight hours later.

Following receipt of the first notification of food poisoning by the Health Department on the morning of Friday, 5th April, 1968, and enquiry at the homes of the first three cases, it soon became apparent that there was a common source of infection, namely each of the patients had consumed a cream trifle, manufactured by a large well known bakery and sold extensively in their branches throughout the Borough and neighbouring parts of the county. The trifles consisted of a jellied sponge, custard and jam base, with a dairy cream top garnished with a cherry and some nuts. The whole trifle was contained in an individual plastic container and covered with a piece of cellophane. The base of the suspected trifles was made on Wednesday, 3rd April, dispensed into the plastic cups and then stored in a cold room at 45-50° F. over night to await the addition of fresh cream early the next morning. The completed trifles were then distributed to retailers on the morning of 4th April.

Bacteriological examination of five trifles obtained after all unsold trifles had been immediately recalled, gave the following results:

Trifle base, i.e. jellied sponge, custard and jam in each case showed *a very heavy growth* on culture of *staphylococcus aureus*, coagulase positive organisms, and only a few coliforms present. Bacteriological examination of the cream tops yielded a moderate growth of coliforms and nil else pathogenic.

The remains of partially eaten trifles were also examined, and these yielded *staphylococcus aureus*, coagulase positive, in large numbers in every case.

The basic trifle ingredients before mixing, viz. the jelly crystals, milk powder and custard—did *not* produce any growth of *staphylococcus aureus*, coagulase positive in any samples.

None of the original sponge or custard mix remained so the above specimens were taken from a trifle in the infected batch which had been refrigerated at 4° C. over the week-end.

Multiplication of the staphylococci could well have occurred in the manufacturing process while the jellied sponge and custard were cooling down in large stainless steel bowls. The sponge and custard are mixed in their individual pots while warm, and this mixture must have remained for several hours at a temperature which would allow multiplication.

The point at which contamination occurred is not clear, I am told that there was no difference in the procedure that day from any other day. Another batch of trifles made on the same day with similar base ingredients, but with synthetic cream tops gave no trouble. However, *two different batches* of sponge (off-cuts from the swiss roll department) were used on the day in question, the first batch being used for that quota of trifles from which the trouble arose. Circumstantially, it would seem that this *batch of sponge off-cuts was the culprit*, since all the other ingredients were common to other manufactured items from which no symptoms were reported.

Action taken—immediately it became apparent that the cream trifles were the source of infection, all unsold trifles remaining in a large number of the company's retail branches were re-called and destroyed by 2 p.m. the day following the outbreak.

Action taken at the bakery—the whole production process was carefully scrutinised by the Director of the Public Health Laboratory, and various samples of raw ingredients taken for further laboratory examination. At the same time, all relevant members of the staff, approximately thirty in all, were examined by a senior medical officer of the Health Department, for evidence of sepsis of hands, fingers or face. At the same time nasal and throat swabs were taken from each of the employees.

None of the workers examined showed evidence of superficial staphylococcal infection. Six workers on trifle production were nasal carriers of staphylococci of different phage patterns, and differing again from the phage pattern of the staphylococci isolated from the trifle base. A final report from the Central Public Health Laboratory at Colindale, on the trifle staphylococci showed them all to be of a similar group 3 phage type, and all were *enterotoxin producers*.

This accounted for the toxic symptoms produced in all those who had consumed the infected trifles.

Although the number of cases of food poisoning was not very large, this was mainly due to the prompt action taken by the Health Department in re-calling all unsold trifles, and in their destruction. As is usual in such outbreaks of food poisoning it is often most difficult to trace the original source of infection, which may be only transitory and occur at any point in a long chain of events. Moreover, every outbreak of this type, entails a great deal of effort on the part of all concerned—the bakery staff (always most co-operative), the Public Health team, and the staff of the Public Health Laboratory, who have the arduous task of the examination of many hundreds of specimens.

Typhoid Fever

One such case was notified during the year and had some interesting and novel features associated with the case. A very young Indian woman became ill about the end of September 1968, with vague symptoms, which included a persistent moderate pyrexia, abdominal pains and general lassitude. After a short period of treatment she was admitted to the Derbyshire Royal Infirmary on 22nd September for further investigation. After a period of almost two weeks, blood samples on culture showed a growth of *Salmonella Typhi* organisms.

She was then notified by the House Physician on 2nd October, 1968 as a proven case of typhoid and immediately transferred to the Derwent Isolation Hospital. Prior to her admission to the D.R.I., she had been delivered of a female child on 2nd September at the Babington Hospital, Belper remained there for forty-eight hours and then transferred to the Maternity Hospital at Wirksworth where she remained until 12th September, 1968. Before a definite diagnosis had been made on 2nd October, she had been a patient in three different hospitals, a fact which complicated the situation and entailed much tracing and testing of all ward contacts. The date of onset of the illness, was therefore, on or about 22nd September, 1968.

Movements of patient prior to the onset of illness—

She had not been out of this country for more than eighteen months at which time she was a new immigrant who had come to join her husband. She gave no definite history of any serious illness whilst in India and all investigations pointed to this being a fresh infection which had been recently acquired.

Further action taken, and investigations carried out by members of the Health Department.

Following the receipt of information that the patient's father-in-law, together with six other adult members of the family lived in the same premises, and that part of these premises was being used as a general store for provisions, both European canned produce and also a fair proportion of stock which consisted almost entirely of native foods, such as okra, yams, peppers, bananas and a variety of Indian sweet-meats, all of which were displayed for sale in open boxes and could be picked-up and examined by customers according to the native custom, it became apparent that here was a potential source of an explosive out-break of typhoid within the community who used this shop.

A visit was immediately made by a Senior Medical Officer of the Department accompanied by the Senior Food Inspector.

From detailed inquiries made, it was ascertained that the patient had frequently served customers in the shop before her illness, assisted mainly by her mother-in-law, an Indian woman in her early fifties. Further questioning of each member of the family revealed that the mother-in-law had suffered various illnesses in the past, both in her native India, and more recently in this country, having been admitted to the Derby City Hospital some two years previously for a cholecystectomy. These enquiries proved highly suspicious that at least one member of the family, most likely the elderly mother-in-law, had developed a "carrier-state" and was presumably the cause of her daughter-in-law's acute infection. Specimens of blood were taken from all members of the family, and likewise specimens of faeces and urine.

The *Widal result* in the case of the mother-in-law showed an extremely high titre as follows:—

Widal Reaction—positive
S Typhi 'O'—320
S Typhi 'H'—640
S Typhi 'Vi'—160

—suggestive of a carrier state. She was therefore admitted to the Derwent Isolation Hospital and further investigations revealed a growth of S. Typhi organisms in a specimen of faeces taken soon after admission. This was presumptive evidence therefore, that this was the source of infection and both daughter-in-law and mother-in-law were given intensive courses of the appropriate antibiotics. All the other male members of the family proved to be negative on repeated examination of blood, urine and faeces.

Further action taken—in view of the seriousness of the infection spreading, especially as both women had been food handlers in the provisions store, it was deemed expedient to close the shop for trading purposes and an order to this effect was issued by the local authority. At the same time, all existing stocks of goods were confiscated and destroyed under the supervision of the Senior Food Inspector. Appropriate compensation for the loss of stock and trade was paid to the owners of the shop, who were advised to consider a change of use in their trading activities to one which would not involve the handling and selling of food-stuffs.

Both patients made a good recovery and were cleared of infection towards the end of December 1968.

However, at the time of compiling this report, the older woman has relapsed, and again become an intermittent carrier of typhoid, with positive culture of the *Salmonella Typhi* organisms in her stools. This is the usual pattern in such cases, who appear to be entirely resistant to any form of treatment, and usually

continue to be intermittent excretors of organisms for the remainder of their life. It is therefore, imperative that such carriers are made absolutely aware of their responsibility to society, and provided they do follow the simple rules of hygiene and refrain absolutely from engaging in any occupation involving the handling or preparation of food for sale to the public, this is the best solution of a very intractable problem that one can hope for.

Dysentery and Gastro-enteritis

Cases of proved dysentery and gastro-enteritis occurred sporadically throughout the Borough during the year. The majority of cases are only of moderate severity, and are usually treated successfully at home by their family doctor. The total number of dysentery cases notified in 1968 was seven, which would appear to give a false impression of the real incidence of the infection. It is certain that there are considerably more cases occurring sporadically, who are treated very successfully with the modern wide-spectrum range of anti-biotics which are available, without bacteriological evidence of the real nature of the infection. It is only when an outbreak of diarrhoea with the other symptoms suggestive of a dysentery attack, occurs in an institution that the real nature of the infection is established before treatment begins.

In this respect much trouble was experienced in one of the Corporation's Day Nurseries for almost two years, by the continual occurrence of mild dysentery among the children. The eradication of such an infection, especially when it occurs within a closed community is extremely difficult and time consuming on the part of all concerned. It was therefore, decided that every new child accepted for a place in any of the Corporation's Day Nurseries, must first have the appropriate stool's tests to ensure that such a child was not infected and, therefore, bring the infection into the nursery. This procedure is now routine, and has paid handsome dividends, as no single case of dysentery or gastro-enteritis has occurred in any of the Nurseries since these measures were instituted. The following statistics prove this point—the total number of new admission of children under five years was 178, of whom 18 had positive stools on bacteriological examination for one of the intestinal pathogenic organisms capable of causing dysentery or gastro-enteritis. In every case the child was treated successfully, and the criterion of freedom from infection was taken as being six negative specimens of stools taken after treatment, before allowing clearance of the child for admission to the nursery.

Gastro-enteritis in an old people's home

Towards the end of the year a sharp attack of gastro-enteritis, characterised by vomiting, diarrhoea, and abdominal colic, occurred in a number of the inmates of one of the Corporation's newest homes for old people. The majority recovered completely within twenty-four hours with rest and sedatives. Although specimens of stools were examined bacteriologically from all the cases, and from all kitchen staff and other food handlers, no specific cause was found for these attacks.

The assumption must be that this is a virus infection of some sort affecting the bowel, and causing the symptoms of gastro-enteritis.

Pertussis Immunisation Research

For some time it has been apparent that the present vaccine incorporated in the "triple vaccine" as a prophylactic against whooping-cough has not been entirely effective. This department has therefore been co-operating with the Public

Health Laboratory in a small research programme aimed at determining the type and strain of the Haemophilus Pertussis prevalent at the present time, and thus determining the efficiency of the vaccine in use against these strains. This entails the taking of post-pharyngeal swabs from any child notified as a case of pertussis, and culturing the organisms thus obtained to determine the type of strain present.

Polio

For the first time in nine years one case of paralytic polio has occurred within the Borough. This was a young married woman who had never been previously immunised against polio. Normal routine precautions were carried out, all contacts thirty-two in number, were re-vaccinated and no further cases were reported.

Vaccination against Smallpox during 1968

Age at Date of Vaccination	Under 1 year		1 year		2-4 years		5-14 years		15 years or over		Total	
	Dept	GPs	Dept	GPs	Dept	GPs	Dept	GPs	Dept	GPs	Dept	GPs
PRIMARY VACCINATIONS												
Number Vaccinated ..	36	127	768	468	109	263	1	97	-	6	914	961
(a) Gen'ised Vaccinia	-	-	-	-	-	-	-	-	-	-	-	-
(b) Post-vaccinal Encephalo-Myelitis	-	-	-	-	-	-	-	-	-	-	-	-
(c) Death from complications other than (a) and (b) ..	-	-	-	-	-	-	-	-	-	-	-	-
RE-VACCINATIONS ..	-	-	-	2	-	13	89	82	-	17	89	114
Number Vaccinated ..												
(a) Gen'ised Vaccinia	-	-	-	-	-	-	-	-	-	-	-	-
(b) Post-vaccinal Encephalo-Myelitis	-	-	-	-	-	-	-	-	-	-	-	-
(c) Death from complications other than (a) and (b) ..	-	-	-	-	-	-	-	-	-	-	-	-

The number of children under five years vaccinated against smallpox during the year was 1,771 as compared with 1,435 in 1967

Diphtheria

1,818 children under four years of age and 446 children between four and sixteen years of age were completely immunised against diphtheria. In addition, a further 3,658 were given reinforcing injections.

Whooping Cough

1,794 children under four year of age and 40 children between four and sixteen years of age were completely immunised against whooping cough. In addition 1,207 received reinforcing injections.

Tetanus

1,817 children under four years and 443 children between four and sixteen years of age were completely immunised against tetanus, and 3,610 children were given reinforcing injections.

Immunisation by Private Practitioners

1,366 children under four and 53 children between four and sixteen were completely immunised against diphtheria, and 2,012 children received reinforcing injections.

1,362 children under four and 28 children between four and sixteen were completely immunised against whooping cough. 1,119 children received reinforcing injections.

1,366 children under four and 70 children between four and sixteen were completely immunised against tetanus. 2,074 children received reinforcing injections.

Diphtheria Immunisation Table

	YEAR OF BIRTH					Others under age 16	Total
	1967	1966	1965	1964	1960/63		
Number of children who completed a full course of primary immunisation in 1967 ..	1,304	1,692	120	68	271	228	3,683
Number of children who received a secondary (reinforcing) injection in 1967	3	606	1,138	184	2,332	1,407	5,670
Total number of immunisations given	1,307	2,298	1,258	252	2,603	1,635	9,353

B.C.G. Vaccination against Tuberculosis

During 1967, visits were paid to all the Secondary and Grammar schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	No. given Heaf Test	Tuberculin Positive	Tuberculin Negative	Vaccinated with B.C.G.
School Children	1,853	116	1,603	1,596
"Contact" Scheme	290	11	279	279
(Plus 34 babies vaccinated in maternity hospitals).				

Vaccination against Measles

Age at date of vaccination	Year of Birth					Others under 16	Total
	1968	1967	1966	1965	1961/64		
Number Vaccinated	2	423	402	340	1,729	56	2,952

Vaccination against Poliomyelitis

(A) VACCINATIONS CARRIED OUT BY DEPARTMENT		SALK	ORAL
		VACCINE	VACCINE
Children born in years 1961—1968 completely vaccinated	...	1	828
Others Under 16 years completely vaccinated	...	—	9
Persons Over 16 years completely vaccinated	...	—	1
Reinforcing doses given to persons over 16 years	...	—	5
Reinforcing doses given to children under 16 years	...	—	2,477
		1	3,320

(B) VACCINATIONS CARRIED OUT BY PRIVATE PRACTITIONERS	SALK VACCINE	ORAL VACCINE
Children born in years 1961—1968 completely vaccinated	12	1,460
Others Under 16 years completely vaccinated	...	21
Persons Over 16 years completely vaccinated	...	1
Reinforcing doses given to persons over 16 years	...	—
Reinforcing doses given to children under 16 years	11	1,361
	23	2,843

Cases of Infectious Disease Notified during 1968

Notifiable Disease	At Ages-Years												Total cases removed to Isolation Hospital	
	At all ages	Under 1	1-	2-	3-	4-	5 9	10 14	15 24	25 44	45 64	65 +		
Acute Encephalitis-														
Infective ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Encephalitis (Post														
Infectious ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Acute Meningitis ..	I	-	-	-	-	-	-	-	-	I	-	-	I	
Acute Poliomyelitis-														
Paralytic ..	I	-	-	-	-	-	-	-	I	-	-	-	-	
Acute Poliomyelitis (non-														
Paralytic ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Anthrax ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cholera ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dysentery (Amoebic or														
Bacillary) ..	-	7	-	I	I	-	-	I	I	I	I	-	-	
Food Poisoning ..	36	-	-	2	2	I	2	-	3	7	8	6	5	
Infective Jaundice ..	81	-	-	-	2	I	18	21	24	II	3	I	4	
Leprosy ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Leptospirosis ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles ..	789	35	105	116	124	125	263	8	5	3	-	5	5	
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	
Para-Typhoid Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Plague ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Relapsing Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scarlet Fever ..	63	-	3	2	7	10	33	I	5	I	-	I	-	
Smallpox ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tetanus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid Fever ..	-	I	-	-	-	-	-	-	-	I	-	-	I	
Typhus ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping Cough ..	86	II	14	8	12	10	28	2	-	I	-	-	3	
Yellow Fever ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis-Respiratory	74	I	-	I	-	-	I	I	18	34	14	4	69	
Tuberculosis-Meninges														
or C.N.S. ..	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis-Other Forms	15	-	-	-	-	-	-	-	2	9	2	2	5	
TOTALS ..	1154	47	123	130	147	147	346	34	60	68	28	13	11	90

Cancer

The recorded deaths from various types of malignant disease shows a slight increase in number as compared with 1966, from 306 to 322.

The Table shows the deaths by age distribution: —

Age	Under 25 years		25-34 years		35-44 years		45-54 years		55-64 years		65-74 years		75 years and upwards		All ages		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total
Site																	
Stomach ..	-	-	-	-	2	-	4	3	3	6	5	5	8	4	22	18	40
Lungs and Bronchus ..	I	-	-	I	2	-	7	2	42	6	35	4	12	I	99	14	113
Breast ..	-	-	-	-	-	3	-	5	-	10	-	II	-	7	-	36	36
Uterus ..	-	-	-	-	-	I	-	-	-	I	-	6	-	3	-	II	II
Leukaemia ..	2	I	I	-	-	-	-	-	2	-	4	3	I	-	10	4	14
All Others ..	I	I	2	2	7	2	8	8	28	25	37	31	37	42	120	III	231
TOTALS ..	4	2	3	3	II	6	19	18	75	48	81	60	58	57	251	194	445

DERWENT HOSPITAL

Detailed Analysis of Admissions and Discharges during 1968 (Borough only)

Disease	Remaining 31/12/67	Admitted	Discharged	Died	Remaining 31/12/68
Rubella..	..	-	I	I	-
Mumps	-	I	I	-
Chicken Pox	-	IO	IO	-
Whooping Cough	-	3	3	-
Gastro-Enteritis	-	5	5	-
Measles	-	4	4	-
Glandular Fever	-	I	I	-
Salmonella Infection	-	2	2	-
Meningitis	-	I	I	-
Typhoid	-	I	I	-
Typhoid Carrier	-	I	I	-
Poliomyelitis	-	I	I	-
Infective Hepatitis	-	8	8	-
Infective Diarrhoea	-	2	2	-
Various	-	15	15	-
TOTAL ALL DISEASES ..	-	56	56	-	-

VENERAL DISEASES

I am indebted to Dr. W. H. Donald, Consultant Venereologist, Derbyshire Royal Infirmary, for the following report.

These statistics are not strictly comparable with previous years because of the extension of the boundaries of Derby County Borough, 1st April, 1968. Patients living in areas on the edge of the previous boundary (e.g. Allestree, Chaddesden, etc.) and previously recorded as residing in the area of Derbyshire County Council are now recorded as residing within the County Borough of Derby.

The total number of new patients attending in 1968 for all causes has increased by about 12% over the 1967 figure and this maintains the trend over the past 13 years.

In contrast with the National and Sheffield Regional Hospital Board Area statistics for Jan.-Sept. 1968 which show a steadily increasing incidence of Gonorrhoea, the total number of patients from all areas treated for Gonorrhoea at this clinic in 1968 shows a drop of about 20% compared with 1967. The total number of male patients from Derby County Borough attending with Gonorrhoea

has dropped below the 1967 figure. The number of female patients has risen slightly, and of the female patients 40 (74%) attended for examination because they had been requested to do so by a male consort who had been treated here. Only 8 patients attended on their own initiative. This success in getting contacts to attend may in part account for the drop in incidence of Gonorrhoea in men as many of these females are promiscuous.

The incidence of Non-Gonococcal Urethritis has continued to rise, as it has throughout the country. The total incidence of Trichomonal vaginitis has remained approximately the same as 1967 but the incidence of Vaginal Candidosis has continued to rise.

The high proportion about 30% of female patients who are under 20 years of age is still a cause for concern.

Return relating to Borough residents who were treated at the Treatment Centre at Derbyshire Royal Infirmary, Derby, during the year 1968.

	NUMBER OF NEW CASES IN YEAR			
	Totals	Syphilis	Gonorrhoea	Other Conditions
Derby County Borough	1,046	16	181	847

Patients diagnosed as suffering from Syphilis
Early infectious Syphilis:—

Primary Syphilis

Male

1 U.K. age 23; 1 Asia age 32

Female

Nil

Female

1 Secondary U.K. age 18.

Male

Nil

Total 3

Latent and Late Syphilis

Total 13

Male

Latent Syphilis 6—2 U.K. and 4. W. Indian.

Late Syphilis 4—1 W. Indian Congenital Cardiovascular Syphilis; 2 U.K. Central Nervous System Syphilis; 1 U.K. Late Congenital Syphilis.

Female

Latent Syphilis 2—2 W. Indians.

Late Syphilis 1—1 U.K. Central Nervous System Syphilis.

Gonorrhoea

Patients residing within the area of Derby County Borough Council 1968.

Post-pubertal cases	Male	126	Previous History	V.D.	54
	Female	54	"	"	12
Gonococcal Vulvo-vaginitis		1			
	Total	181			

<i>Age Groups</i>	<i>Male</i>	<i>Female</i>	<i>Marital State</i>	<i>Male</i>	<i>Female</i>
Up to 16	—	1	Single	74	17
16-17	—	5	Married	48	23
18-19	6	12	Widow(er)	—	1
20-24	42	12	Sep. or Div.	4	13
25 and over	78	24			

Source of infection

		<i>Country of origin</i>		
Casual paid	7	U.K.	66	46
Casual unpaid	38	West Indies	22	5
Marital	16	Other Negro	2	—
Friend	60	Asia	14	1
Homosexual	5	Eire	12	—
		Europe	5	1
		Mediterranean	2	1
		Other	3	—

Defaulted from attendance before completion of treatment/surveillance—Male 18
Female 16.

Female patients with concomitant Gonorrhoea and T. vaginalis vaginitis 20.
Male patients with concomitant Gonorrhoea and Non-Gonococcal Urethritis 16.
N.B. 33% of female patients with Gonorrhoea are under the age of 20.

Other Venereal conditions treated

Requiring treatment	Male	433	Previous History	V.D.	214
	Female	192	„	„	80
Not requiring treatment	Male	116			
	Female	106			
	Total	847			

Patients requiring treatment

<i>Age Groups</i>	<i>Male</i>	<i>Female</i>	<i>Marital Status</i>	<i>Male</i>	<i>Female</i>
Up to 16	2	10	Single	210	69
16-17	7	14	Married	194	99
18-19	24	35	Widow(er)	3	—
20-24	127	51	Sep. or Div.	26	24
25 and over	273	82			

Country of origin

	<i>Male</i>	<i>Female</i>		<i>Male</i>	<i>Female</i>
U.K.	256	143	Europe	15	—
West Indies	71	24	Mediterranean	6	3
Asia	50	15	Other	5	—
Eire	30	7			

Smears for Cervical Cytology—42.

Smears for Cervical Cytology reported positive and referred to Gynaecologist—2.
N.B. 30% of female patients requiring treatment for sexually transmitted conditions other than Syphilis and Gonorrhoea are under 20 years of age.

Classification of patients requiring treatment for sexually transmitted conditions other than Gonorrhoea or Syphilis.

<i>Male</i>	<i>Non-Gonococcal Urethritis</i>	<i>Other</i>	
Total	240	193	
Age:			
Up to 16	—	2	
16-17	4	3	
18-19	7	17	
20-24	63	64	
25 and over	166	107	
<i>Country of origin</i>			
U.K.	147	109	
West Indies	49	22	
Asia	19	31	
Eire	10	20	
Europe	10	5	
Mediterranean	4	2	
Other	1	4	
<i>Other conditions listed above</i>			
Genital Warts	29		
Herpes Genitalis	18		
Chancroid	2		
Lymphogranuloma Venereum	2		
Yaws	2		
Balanitis	64	(11 due to C.Albicans)	
Pediculosis Pubis	13		
Scabies	22		
Other miscellaneous	41		
Other conditions treated			
<i>Classification of patients requiring treatment</i>			
<i>Female</i>	<i>T.vaginalis vaginitis</i>	<i>Vaginal Candidosis</i>	<i>Other</i>
Total	54	64	74
Age:			
Up to 16	2	3	5
16-17	4	5	5
18-19	12	12	11
20-24	12	21	18
25 and over	24	23	35
<i>Country of origin</i>			
U.K.	44	41	58
W. Indies	7	10	7
Asia	1	8	6
Eire	1	5	1
Mediterranean	1	—	2
<i>Other conditions listed above</i>			
Yaws		2	
Genital Warts		14	
Herpes Genitalis		2	
Pediculosis Pubis		8	
Scabies		15	
Other miscellaneous		33	

VI—TUBERCULOSIS

REPORT BY DR. H. L. MATTHEWS, CONSULTANT PHYSICIAN

Incidence

72 new cases of respiratory tuberculosis were notified in Derby during 1968, 21 more than in the previous year. Included in this total were 42 Indian and Pakistani immigrants, 5 referrals to the Chest Clinic from the Nottingham Mobile Mass Radiography Unit, and 1 contact of a known case of tuberculosis, who was discovered by routine examination at the Chest Clinic.

The number of new cases of non-respiratory tuberculosis notified in 1968 was 15, which was the same as the 1967 total.

Mortality

The number of deaths from respiratory tuberculosis was 3, 1 being in the age group 55-65 years and two in the age group 65-75 years.

There were 3 deaths from non-respiratory tuberculosis.

Prevention

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised re precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session of the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years:—

Year	No. of New Cases of Tuberculosis notified	No. of New Contacts examined	Total Contact Attendances	No. of Contacts found to be tuberculous
1963	70	408	987	4
1964	66	460	1,014	5
1965	78	487	1,073	2
1966	72	616	1,028	3
1967	66	596	1,047	2
1968	87	570	928	1

B.C.G. Vaccination

Contacts vaccinated at Derby Chest Clinic during 1968 under Local Health Authority's approved Scheme	...	...	279
New-born infants vaccinated in maternity hospitals	...	...	34
Total	...	...	313

(Note.—Of the 570 new contacts examined during 1968, 157 were children).

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and this is continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

Rehabilitation

Suitable employment and conditions for tuberculous patients returning to work are very carefully selected, and, in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

Care and After Care

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1968, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Socio-Medical section of this Report.

Health Visiting

During the year, visits were made to 299 patients' homes by the two tuberculosis health visitors.

Register of Notifications

	Respiratory			Non-Respiratory			Total Cases
	Males	Fe-males	Total	Males	Fe-males	Total	
Number of cases of Tuberculosis remaining at 31/12/68 on the Register of Notifications kept by the Medical Officer of Health	308	188	496	107	124	231	727
Number of cases removed from the Register during the year by reason of:-							
1. Withdrawal of notification ..	-	-	-	-	-	-	-
2. Recovery from the disease ..	2	3	5	-	-	-	-
3. Death (all causes) ..	12	5	17	1	1	2	19
4. Otherwise	-	-	-	-	-	-	-

Tuberculosis Notifications and Deaths, 1968

AGE AND SEX INCIDENCE

Age Periods	New Cases*				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ..	I	—	—	—	—	—	—	—
1 year ..	—	—	—	—	—	—	—	—
2-4 years ..	I	—	—	—	—	—	—	—
5-9 years ..	—	I	—	—	—	—	—	—
10-14 years ..	—	I	—	—	—	—	—	—
15-19 years ..	3	I	2	—	—	—	—	—
20-24 years ..	9	5	—	—	—	—	—	—
25-34 years ..	14	II	3	I	—	—	—	—
35-44 years ..	6	2	—	5	—	—	—	I
45-54 years ..	7	I	I	I	—	—	—	—
55-64 years ..	4	I	—	—	I	—	I	—
65-74 years ..	3	—	I	—	2	—	—	—
75 and over ..	—	I	—	I	—	—	—	I
TOTALS ..	48	24	7	8	3	—	I	2

* New Cases—Cases transferred to Derby during 1968 from other areas are not included.

New Cases and Deaths

Comparative Table for Years 1961—1968

Year	Respiratory Tuberculosis		Non-respiratory Tuberculosis	
	*New Cases	Deaths	*New Cases	Deaths
1961	58	II	5	—
1962	57	II	6	—
1963	56	4	14	—
1964	56	6	10	—
1965	62	8	16	2
1966	56	5	16	2
1967	51	3	15	3
1968	72	3	15	3

* Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.

Public Health (Tuberculosis) Regulations, 1952

PART I

Summary of notifications of tuberculosis during the period from the 1st January, 1968, to the 31st December 1968, in the County Borough of Derby.

FORMAL NOTIFICATIONS

Number of Primary Notifications of New Cases of Tuberculosis

Age Groups Under 1 ..	Respiratory		Meninges or C.N.S.		Others	
	Males I	Females -	Males -	Females -	Males -	Females -
I-	-	-	-	-	-	-
2- 4	I	-	-	-	-	-
5- 9	-	I	-	-	-	-
10-14	-	I	-	-	-	-
15-19	3	I	-	-	2	-
20-24	9	5	-	-	-	-
25-34	14	11	-	-	3	I
35-44	6	2	-	-	-	5
45-54	7	I	-	-	I	I
55-64	4	I	-	-	-	-
65-74	3	-	-	-	I	-
75 and over ..	-	I	-	-	-	I
TOTAL (all ages) ..	48	24	-	-	7	8

MASS RADIOGRAPHY IN DERBY

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit, for sending the following report of the Unit's public sessions held in Derby during the period 3rd July to 8th August, 1968.

On this occasion 7,265 examinees were X-rayed—a little more than in 1967 when the number was 7,012. 40% of the examinees were X-rayed for the first time.

As regards the different groups X-rayed, more school leavers were X-rayed this time—1,465 as compared with 1,044. The number from the general public was much the same, i.e. 5,707 as compared with 5,855. There were 50 doctors' referrals and although this was less than last year when 80 were referred, this is due to the fact that the doctors were only informed halfway through the survey owing to an administrative oversight out of the control of this unit. Only a few more wayfarers were X-rayed on this occasion, i.e. 43 as compared with 33.

At the time of writing this report, no definite case of active pulmonary tuberculosis has been established but there were five observation cases, all of whom were referred to the Chest Clinic, two of whom had normal films previously which illustrates the value of periodic X-ray of the chest. Seven observation non-tuberculous cases were discovered, five of whom were referred to the Chest Clinic and two to their own doctor. Two cardiac cases were referred to their own doctor.

Two examinees did not return for large film as requested. One was a wayfarer and his miniature film suggested hiatus hernia. The other, a female, did not return because she had gone on holiday but arrangements have been made for her to attend the Chest Clinic for another X-ray.

Public Session

Miniature Films	Number X-rayed			Number available			% X-rayed			X-rayed first time	
	M.	F.	TOTAL	M.	F.	TOTAL	M.	F.	TOTAL	No.	%
School Leavers ..	730	735	1,465	1,334	1,361	2,695	54%	54%	54%	1,397	95%
General Public ..	2,596	3,111	5,707							1,435	25%
Doctor's Referrals ..	29	21	50							24	48%
Wayfarers	43	-	43							15	25%
TOTAL ..	3,398	3,867	7,265							2,871	40%

Large Films		Satisfactory	Clinical Examinations	Did not Large Film	came for Examination
General Public ..	.. M. .. F.	23 23	9 8	- 1	-
Doctors Referrals	.. M. F.	I I	I -	- -	-
Wayfarers	.. M.	-	-	I	-

Public Session

Clinical Examinations				Number	Remarks
Observation Pulmonary Tuberculosis		M. 3 F. 2			Referred to Chest Clinic. One male and one female had normal films previously
Inactive Pulmonary Tuberculosis ..		F. 1			Referred to Chest Clinic
Observation (non-tuberculous) ..		M. 5 F. 2			5 referred to Chest Clinic and 2 to own doctor
Asthma		M. 1			Referred to Chest Clinic
Essential Hypertension		F. 2			One referred to own doctor. One known case
Mitral Regurgitation		M. 1			Referred to own doctor
Myocarditis		M. 1			Known case. No further action required

After full investigation for the years

<i>Cases of Pulmonary Tuberculosis</i>		'68	'67	'66	'65	'64	'63	'62	'61	'60	'59	'58	'57	'56	'55	'54	'53	'52	'51	
Active ..		No.	-	3	4	2	4	4	5	5	3	3	6	6	7	7	10	9	9	11
		%	-	.04	.06	.03	.05	.05	.08	.08	.03	.04	.07	.04	.07	.06	.09	.11	.1	.11
Observation ..		No.	5																	
		%	.07																	

VII—MENTAL HEALTH

REPORT BY MR. F. F. WRIGHT, SENIOR MENTAL WELFARE OFFICER.

Administration

(a) Most of the functions of the Local Authority and the Local Health Authority under the Mental Health Act, 1959 and Section 12 of the Health Services and Public Health Act, 1968 stand referred to the Health Committee.

(b) All Mental Health Services are under the supervision of the Medical Officer of Health.

Dr. V. N. Leyshon, Medical Officer of Health, Dr. J. E. Masterson, Deputy Medical Officer of Health, Dr. G. W. R. MacGregor and Dr. M. M. F. Robinson, Senior Assistant Medical Officers, and Dr. C. L. Noble, School Medical Officer, are authorised to act as responsible medical officers in relation to patients under guardianship under Part IV of the Mental Health Act, 1959, or under Part III of the Sixth Schedule of the said Act.

There are 7 patients under the guardianship of the Local Health Authority.

Ten Mental Welfare Officers share the duties under the Mental Health Act, 1959. There is one Senior Mental Welfare Officer and nine Mental Welfare Officers. Two have considerable practical experience and have been awarded the Diploma of Recognition of Experience in Social Work by the Council for Training in Social Work. One has gained a Certificate of the Council for Social Work Training after taking a two year course under the Council's Training Scheme. Five are registered Mental Nurses and one of these has gained the Diploma in Political and Economic Studies at Nottingham University. Two are studying at the Nottingham Regional College of Technology for the Certificate of the Council for Social Work Training.

Clerical staff—One Secretary who carries out all the day-to-day clerical and administrative duties of the Mental Health Section. She is also a qualified short-hand typist.

One female clerk-typist who acts as assistant to the Secretary and Receptionist.

(c) 8 visits in connection with renewal of Orders under Section 43 of the Mental Health Act, 1959, and applications for holidays were made on behalf of 5 hospitals.

(d) The Court of Protection have appointed the Senior Mental Welfare Officer to be the Receiver of the estates of four mental patients. Three patients are in hospital and the other is under the Guardianship of this authority.

(e) No duties are delegated to voluntary organisations.

Account of work undertaken in the Community

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-care:—

Prevention

The Mental Welfare Officers made 1,791 visits and dealt with 415 cases as follows:—

105 neurotic and confusion cases with domestic difficulties:—

Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

12 males were found other employment.

11 females were found other employment.

82 persons were persuaded to undergo out-patient treatment.

4 males persuaded to attend rehabilitation centre.

27 males found lodgings.

13 females found lodgings.

155 patients are receiving regular visits for observation.

40 females persuaded to attend general practitioner.

32 males persuaded to attend general practitioner.

38 cases investigated proved to be caused mainly by neighbours' quarrels.

Differences adjusted in many cases.

9 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

Prevention

A young lady was referred by her general practitioner as being depressed and requiring support. It transpired that a very brief association had taken place between herself and a relative of her husband. The situation had returned to normal when she began to experience acute guilt feelings and expressed ideas that neighbours, who actually knew nothing of the affair, were discussing her loose morals. Frequent supportive visits were made during the first few weeks when she would not leave the house and was afraid to be seen through the window by anyone passing by. Acceptance of the patient as a basically good and reasonable person helped to alleviate her distress and she was gradually enabled to take a more rational view of her situation. Under the treatment of her own doctor, her depression lifted and she now displays a healthy interest in her family and friends.

A family which receives preventive visits from the mental welfare officer is comprised of the father who is in regular employment but appears dull mentally, the mother, who suffers from epileptic psychosis, the eldest son who is chronically mentally ill, the next son who is functioning normally and the youngest son is educationally sub-normal. The schizophrenic son is the source of much contention in the household. He does not comply with the requirements for receiving Social Security benefit, and quarrels with his brother when he fails to obtain money and cigarettes from him and this in turn exacerbates his mother's condition. His bizarre delusional system includes his family, the doctors concerned with his treatment, radio and television personalities and the drivers of passing commercial vehicles who, he believes, are all planning his future. This results in his refusing to attend out-patient clinics or to take prescribed medication. The control which the parents exercise over the younger lad is minimal, and reports of him washing parked cars with muddy water from puddles, for example, are often received. Although there are times when both the mother and the eldest son require short spells in hospital, the accent of the mental welfare officer's work is upon preventing permanent breakdown and encouraging a degree of family cohesion and understanding.

A man, with a psychiatric history, was committed to Broadmoor for a stabbing incident. In the past his wife has made several suicide attempts with subsequent hospital admissions. Previously she has disguised her depression with forced jocularity and it was felt she would do so again. The mental welfare officer visits regularly to prevent recurrent suicide attempts. This has proved difficult in

view of the wife's duplicity. Primarily she was suspicious and resentful of any assistance but as her bitterness lessened with the realisation that she could trust someone she gradually accepted material help and advice culminating in being provided with gifts and a second-hand television for the family at Christmas. Arrangements were made for the eldest of the two children to attend nursery school and the Department of Health and Social Security asked to provide the train fare for visits to her husband. Both husband and wife look forward to these visits and the wife is now maintaining the home and beginning to take an active interest in life again.

It was reported to the Mental Health Department that a middle-aged lady suffering from schizophrenia was once again causing her aged mother a great deal of anxiety. She was refusing to go to bed at night and sitting in a chair during the day refusing to move, even for her meals. If approached by the mother she would fly into a rage, throwing anything within reach. After consultation with her general practitioner it was arranged for her to be seen at home by a psychiatrist who recommended a change of medication. Her condition improved sufficiently for the mental welfare officer to form a relationship with her, thereby gaining her confidence. It appeared the main cause of her relapse was due to the boredom of being in the house all day with nothing to do. The mental welfare officer arranged for her to attend the Occupational Therapy Department of the psychiatric hospital. This form of social activity gave her an interest in life and prevented further mental deterioration.

An 18 year old girl was reported to the Mental Welfare Department by the police who had found her wandering the streets in a depressed state. It appears she had been turned out of her flat for default in payment of rent, which she says she could not pay owing to loss of wages caused by redundancy. She had been seeking employment for two weeks without success and was completely destitute. In the circumstances her depression appeared justifiable but admission to a psychiatric hospital was not recommended. Accommodation was obtained for her at the Y.M.C.A. Hostel, the cost of maintenance being paid by the Department of Health and Social Security. The mental welfare officer later found her suitable employment thereby alleviating her depression.

An elderly lady who lived alone in a block of flats was continually accusing her upstairs neighbour of trying to frighten her by banging on the floor and making strange noises in the night. After enquiries had been made it was proved that her complaints were quite untrue as the other residents of the flats stated that they had not heard these noises during the night. The mental welfare officer was requested to visit by the Housing Manager who had received the complaints. On interview it became obvious that this lady was suffering from a paranoid type of mental illness and after a great deal of persuasion she agreed to attend the psychiatric out-patient clinic for a short course of treatment. Following her discharge from the clinic, the mental welfare officer arranged for her to meet her neighbour over a cup of tea to discuss their differences. The two have now become friends and with the help of supportive visits from the mental welfare officer appear to be living in harmony.

A middle-aged woman who was receiving psychiatric out-patient treatment for depression, feared that her marriage was breaking up. The mental welfare officer visited the woman and her husband and found that the basic trouble was a lack of communication between them, caused by the fact that the husband had no insight into his wife's illness. She was unable to explain to her husband how she felt when depressed and he, fearing that his conversation might upset his wife, did not speak to her. With the help of the mental welfare officer the couple

discussed the problem and with a better understanding of his wife's illness, the husband was able to offer her the support she needed.

A couple who had one child aged 3 years and who were anxious to have a family, were pleased when they realised the wife was again pregnant. Unfortunately she contracted rubella and she was advised to have an abortion but decided against it. Eventually she became rather nervous and after the baby was born she was extremely anxious and depressed. However, the baby was reasonably well and the mother was given psychiatric out-patient treatment. Further visits were made to the home and support and encouragement given so that at the present time the family is functioning at a fairly normal level. Observation will be kept for some time to watch the progress of both mother and baby.

Care

A chronic schizophrenic lady with delusional ideas has lived and worked within the community for a number of years. The mental welfare officer visited regularly and has helped on the numerous occasions when the lady has changed lodgings. However, she then relapsed and caused considerable disturbance at her lodgings, shouting and banging during the night, accusing her fellow-lodgers of murdering others and cutting up the bodies. She also wrote letters complaining of her 'persecutors' to various official departments. Despite the mental welfare officer's efforts she was eventually asked to leave her lodgings. At this stage the psychiatrist recommended that compulsory admission to hospital was necessary and this was effected. Much time was then spent by the mental welfare officer in clearing and storing the lady's belongings out of her room, and seeing that several pets were adequately cared for. The lady has now settled in hospital and eventually it is hoped that she will be discharged and new lodgings found for her and her pets.

An elderly lady living alone had been widowed for one year. The mental welfare officer was called in when she began to say that she could see her husband through the window. After a few visits she told the mental welfare officer that her husband was living in the greenhouse in her garden along with several other people. She said that this did not disturb her in any way, except she was disappointed that when he came into the house to change his shoes each evening, he did not speak to her. Also he appeared to be paying a lot of attention to a lady who had lived in the next street and having died about the same time as her husband was now one of the occupants of the greenhouse. The patient was most polite and expressed appreciation of visits made to her, but it proved impossible to lead her into any insight as to her condition. As she did not appear to be in any danger, compulsory admission to hospital was not recommended and only visits for care and observation could be made. Eventually she broke down in a depressive state and was then willing to enter hospital informally.

An elderly widow whose husband recently died in a psychiatric hospital began to express ideas of persecution by her family similar to those previously entertained by her husband. Although the patient, being quite feeble, needs all the help that relatives would normally give, such help is not forthcoming because a mutual mistrust has arisen between the members of the family. All attempts to solve the problems of interpersonal relationship have failed and most of the patient's daily needs are provided by a kindly neighbour. Regular visiting is necessary in this case and admission to hospital may well become necessary as the patient's memory is deteriorating and it has been reported that she turned on the gas stove tap and having mislaid her matches, had forgotten what she was doing.

An elderly lady who lived alone in a small terrace type house had become rather confused and was beginning to neglect her personal hygiene. She was reported to the mental welfare officer by a neighbour who was concerned about her future. After being seen by her general practitioner she was put on the waiting list for admission to a psychiatric hospital. Until a bed became available the mental welfare officer arranged for her to have meals-on-wheels and a home help. He was also able to obtain the co-operation of the neighbours to light her fire and to give her companionship, thus keeping an eye on her personal hygiene at the same time. The mental welfare officer also pays frequent supportive visits.

A young man aged 18 years was considered to be of subnormal intelligence. He could not obtain employment and was therefore unable to pay for his board and maintenance at home. He was turned out by his parents but his grandmother allowed him to live with her for a period in her corporation flat. Unfortunately this was single person accommodation and he was not allowed to remain there. The grandmother requested help from the Mental Health Department and the mental welfare officer, after failing to affect a reconciliation between the young man and his parents, considered that owing to his rather low intelligence he must be found suitable accommodation where he could be kept under friendly supervision to avoid the risk that he might be exploited. The Captain of the Church Army Hostel, who is extremely co-operative with the Department in these cases, accepted the young man into the hostel and the Department of Health and Social Security agreed to finance his board until employment could be obtained for him. He quickly settled down and responds quite well to supportive visits.

The mental welfare officer was instrumental in arranging the admission of a young married woman and her ten day old baby to a psychiatric hospital. She was described as suffering from post puerperal psychosis. Shortly after their discharge from hospital the husband asked the mental welfare officer to help in finding alternative accommodation from the unsatisfactory rooms that he rented. Unfortunately the same day that this request was made the wife was arrested, accused of attempting to murder her baby. The mental welfare officer was called to the police station and interviewed the lady and her husband and arranged for them to be seen by their doctor. As the nature of the offence was serious the lady had to be kept in the police cells overnight. This detention was the commencement of a long spell of compulsory detention awaiting the verdict of the Assize Court. It was also the precipitating factor in the husband becoming progressively disturbed and depressed. The involvement of the mental welfare officer during these critical weeks was directly responsible in preventing this man from either taking the law into his own hands (as he was extremely hostile during the initial court hearings whilst his wife was habitually being remanded in custody) or from breaking down himself under the stress. The Children's Department were offering help as were the man's employers but the mental welfare officer was called upon to interpret the legal processes of the court and of the Children's Department. Further duress was imposed on the man as the newspapers reported the attempted murder and subsequently he was threatened with eviction. The mental welfare officer contacted the Rent Tribunal and the landlord in an attempt to prevent the eviction but as the tenancy was illegal it was decided to relinquish it, without further negotiations. Whilst the wife was remanded in custody many miles from Derby the mental welfare officer successfully applied for more reasonable visiting hours and less restrictions for the husband's weekly visit. The mental welfare officer was available to the court at each of the five appearances. The lady was ultimately admitted to a psychiatric hospital from the Assize Court under the provisions of Section 60 of the Mental Health Act, 1959. The support that was offered to this couple following the unfortunate incident with their baby, kept

stress and anxieties to a minimum. The man, despite his initial aggressive attitude to authority and later his dejection, was able to attend work regularly and thereby keep himself economically buoyant. A regular income was essential to meet the extra cost of travelling to the Remand Centre, visiting his baby and maintaining it.

A young man aged 16 years was admitted to the Derbyshire Royal Infirmary Casualty Department by the police. Apparently he had fallen over whilst running across the traffic on a main road. After being examined by the casualty officer he was found to be physically well but unfortunately in an agitated euphoric state. The mental welfare officer was called to see him and on interview found him to be extremely deluded, stating that he was Jesus Christ and Harold Wilson rolled into one and should be allowed to rule the world as he saw fit. He also stated that he could not be killed by the traffic as he was already dead. The mental welfare officer arranged for him to be seen by a psychiatrist who recommended his admission into a psychiatric hospital. After a short period of treatment he was discharged from hospital and returned to live in the community. He is receiving supportive care from the psychiatric out-patient clinic and the mental welfare officer.

An elderly widow, living alone, refused to leave her house because she thought she was being persecuted by the 'Belgians'. She had not obtained her retirement pension for several months and her gas and electricity accounts were long overdue, with the result that these services were in danger of being cut off. The mental welfare officer contacted the gas and electricity boards who agreed to take no further action until the situation was resolved. The lady was seen by her own doctor and a psychiatrist who considered that it was in her own interests for her to be admitted to hospital. She is still receiving treatment in hospital.

Observation and Care

The Mental Welfare Officers made 4,829 visits and dealt with 1,295 cases as follows:—

309 cases persuaded to enter hospital as informal patients.

336 cases reported and no compulsory action taken.

79 cases requiring emergency admission to hospital—Section 29 of the Mental Health Act, 1959.

120 cases requiring admission to hospital for observation—Section 25 of the Mental Health Act, 1959.

11 cases requiring admission to hospital for treatment—Section 26 of the Mental Health Act, 1959.

318 mental patients:—

Claiming wages, National Insurance, Social Security Benefit, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property and communications with distant relatives on their behalf.

46 male patients helped to settle domestic affairs.

76 female patients helped to settle domestic affairs.

After-Care

The Mental Welfare Officers made 601 visits and dealt with 548 cases as follows:—

40 males were returned to regular employment.

17 males were found new lodgings.

9 females were found new lodgings.

24 females were returned to regular employment.

55 males kept under constant supervision.

70 females kept under constant supervision.
29 males re-admitted to psychiatric hospital.
41 females re-admitted to psychiatric hospital.
2 males persuaded to attend rehabilitation centre.
8 males found change of employment.
6 females found change of employment.
29 males persuaded to continue with out-patient treatment.
49 females persuaded to continue with out-patient treatment.
160 cases visited at regular intervals.
8 reconciliations effected.
1 female sent to convalescent home.

After-Care

An inadequate young man who is married and has a young child, has frequently changed jobs because he considered them unsuitable. These changes created rather intricate financial problems which he was unable to solve. Through the kind offices of other agencies who were able to offer financial assistance, the mental welfare officer was able to help the man sort out his financial affairs. The importance of staying in regular employment was stressed upon the young man, at least until his financial situation is resolved, and so far he has taken the advice.

A few months after her discharge from a psychiatric hospital a 36 year old woman was deserted by her husband and left to care for her 2 year old daughter. The woman, who is of limited intelligence, required a great deal of support in caring for her daughter and managing the household affairs. The mental welfare officer was able to maintain contact with the husband and eventually a reconciliation was effected. The future is rather unsettled, however, as their different personalities are once again giving rise to marital friction.

A young man was admitted to a psychiatric hospital suffering from reactive depression after his wife had left him and returned to her mother. It was discovered that the patient was of below average intelligence. On discharge contact was made with the family and more information gained. The patient was a divorced man who was paying a maintenance allowance for a child of his first marriage. His present wife said that she had gone back to her mother with the two young children on several occasions because of his temper which was frightening. Work with this patient and his family has continued and he is receiving out-patient treatment. There have been periods of marital harmony but one of the difficulties in the way of family stability is the fact that the patient's mother-in-law is grossly over-protective of her daughter and continues to interfere even when the situation has improved. This case will require the services of the mental welfare officer for some considerable time.

An elderly spinster lady who has run a cycle shop business all her life was admitted to hospital suffering from depression. After treatment she made a good recovery and regained her confidence. After discharge the mental welfare officer visited regularly and encouraged the lady to clean the house and prepare herself cooked meals. However, it became apparent that she was not able to manage properly at home and eventually at the lady's request the mental welfare officer arranged for her to spend a week as a trial period in a private old people's home. After a week the lady expressed her wishes that she would be glad to return home as she preferred to be alone. Regular visits by the mental welfare officer were continued and the lady now allows a friend to clean the house for her and the W.R.V.S. deliver hot meals twice weekly. Supportive visits are still continued as the lady's depression often recurs. Ultimately hospital admission will probably become necessary again and the mental welfare officer makes sure that the lady attends the psychiatric out-patients clinic regularly.

A girl, aged 17 years, of less than average intelligence was admitted to hospital because of her disturbed behaviour which included several overdose gestures and being turned out of her home by mother and step-father who disapproved of the girl's associates. The mental welfare officer was asked to support and advise the girl on her discharge. She had taken a flat with a girl friend but discovered that the girl friend was receiving stolen goods. The mental welfare officer advised and accompanied her to tell the police and then found her more suitable lodgings. She commenced work in a local factory but required a great deal of encouragement to maintain her in regular employment. She also failed to keep her outpatient appointments with the psychiatrist and the mental welfare officer arranged for her to be allowed time off from work to attend the clinic. Eventually with the mental welfare officer's continued support she accepted people's interest in her welfare and now visits her mother regularly as well as remaining in employment.

A middle-aged woman with two children was admitted to a psychiatric hospital following an overdose of sleeping tablets. It appears the reason for her depression was due to her husband deserting her for another woman. Whilst she was in hospital the children were taken into care by the Children's Department and the mental welfare officer interviewed the husband. It soon became obvious that the husband was not interested in a reconciliation as he had arranged to go abroad with his paramour and said that he could not care less what happened to his wife or children. When she was discharged the psychiatrist asked the mental welfare officer to visit and offer what help and support he could give. The woman appeared to have recovered from her depression and was determined to make a new life for herself and children. With the help of the mental welfare officer, she found employment which coincided with the children's school hours. She was also encouraged to join the Women's Institute and a local dramatic society. She has many friends and is now reasonably happy again. Supportive visits have now been reduced to a minimum.

An elderly lady who lived alone became extremely psychotic, showing paranoid delusions about her neighbours. She would wait until the early hours of the morning, go out and steal their doormats and scrub the entry between the houses because she said they were unclean. She would also wander constantly round the house or fall on her knees and pray to the gas fire. Her physical state also began to deteriorate because she refused to eat as she believed that the food had been poisoned. Subsequently it was necessary for her own safety to be admitted to a psychiatric hospital. After a period of treatment she was discharged to her home where it was necessary for supportive after-care visits to be made by the mental welfare officer who effected a reconciliation between the patient and her neighbours. He was also able to ensure that she continues to keep her outpatient appointments and to take her medication. She was also introduced to an old age pensioners club to prevent loneliness. She continues to maintain steady progress.

A middle-aged man was admitted to the psychiatric hospital suffering from a manic depressive psychosis which, prior to admission, had cost him his job at an engineering firm and resulted in the break-up of his marriage. His wife refused to live with him when he was discharged from hospital and the mental welfare officer was requested to make supportive after-care visits to help him sort out his problems. The mental welfare officer arranged a meeting in his office between the patient and his wife. This proved very successful and the couple were reunited. It was also arranged by the mental welfare officer for the man to meet his former employer, who after a great deal of persuasion, agreed to reinstate him in his old job. The mental welfare officer continues to make after-care visits but at the moment his progress remains satisfactory.

MENTAL HEALTH STATISTICS FOR 1968

Number of Persons under Local Health Authority care at 31st December, 1968

	Severely Subnormal												TOTAL	
	Subnormal						Severely Subnormal							
	Under age 16			16 and over			Under age 16			16 and over				
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 Total Number	
2 Attending workshops, day centres, or training centres (including special units)	
3 Awaiting entry to workshops, day centres, or training centres (including special units)	
4 Receiving home training	
5 Awaiting home training	
6 Resident in L.A. home/hostel	
7 Awaiting residence in L.A. home/hostel	
8 Resident in other home/hostel	
9 Boarded out in private household	
10 Attending day hospital	
11 Receiving home visits and not included in lines 2-10:														
(a) Suitable to attend a training centre	
(b) Others	

Receiving home visits and not included in lines 2-10:
 (a) Suitable to attend a training centre ..

30

(b) Others ..

36

17 23 788

Number of Persons under Local Health Authority care at 31st December, 1968 (continued)

MENTAL HEALTH STATISTICS FOR 1968

Number of Patients Awaiting Entry to Hospital, Admitted for Temporary Residential Care,
or Admitted to Guardianship during 1968

**Number of Patients Awaiting Entry to Hospital, Admitted for Temporary Residential Care,
or Admitted to Guardianship during 1968 (continued)**

	Guardian	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		TOTAL	
		Under age 16		16 and over		Under age 16		16 and over		Under age 16	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
3. (a) Admission to guardianship during the year	L.H.A.	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-
(b) Total number under guardianship at end of year	L.H.A.	-	1	-	-	-	-	2	-	3	-
	Other	-	-	1	-	-	-	-	-	-	1
	Total	-	-	2	-	-	-	-	2	-	3
											7

MENTAL HEALTH STATISTICS FOR 1968

Number of Persons referred to Local Health Authority during year ended 31st December, 1968

REFERRED BY	Mentally Ill						Psychopathic						Subnormal						Severely Subnormal						TOTAL (16)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
(1) (2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)										
(a) General Practitioners ..	-	-	105	137	-	-	-	2	3	-	-	1	-	-	-	-	-	-	-	-	-	-	248		
(b) Hospitals, on discharge from in-patient treatment ..	-	1	155	203	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	360		
(c) Hospitals, after or during out-patient or day treatment ..	-	-	81	125	-	-	1	1	-	1	-	-	-	-	-	-	2	1	-	-	1	-	212		
(d) Local education authorities ..	-	-	-	-	-	-	-	-	-	-	5	3	-	-	-	-	2	-	-	-	-	-	10		
(e) Police and courts ..	-	-	-	25	22	-	-	2	1	-	-	1	-	-	-	-	-	-	-	-	-	-	51		
(f) Other sources ..	-	1	112	177	-	-	5	1	4	1	2	1	-	-	-	-	-	-	-	-	-	-	305		
(g) Total .. .	-	2	478	664	-	-	8	5	12	5	3	2	4	2	1	-	-	-	-	-	-	-	1186		

MENTAL HEALTH STATISTICS FOR 1968

Workshops, Day Centres and Training Centres as at 31st December, 1968

TABLE 1—Workshops, or Day Centres for the Mentally Ill.

Number of premises and places provided	1	Premises	Nil
				2	Places	Nil

TABLE 2—Training Centres for the Subnormal or Severely Subnormal (including Special Units).

	Age group provided for	Number of Premises	Places	
			Junior	Adult
3	Under 16	2	-	-
4	16 and over	1	-	-
5	Junior and adult	-	95	90
6	TOTAL	3	95	90

TABLE 3—Special Units (included in table 2 above) providing for the Severely Subnormal with gross Physical Handicaps or gross Behaviour Difficulties.

1	Special Units within training centres	7	Premises	
		8	Places	-
2	Self contained units independent of training centres ..	9	Premises	1
		10	Places	20

TABLE 4—Places made available to or by other authorities or organisations.

	Type of authority or organisation	Places in workshops or day centres for the mentally ill	Places in training centres for the subnormal or severely subnormal		Places in special units for the severely subnormal
			Junior	Adult	
Places made available to other authorities or to hospitals (include in tables 1-3)	11 Local authority ..	-	-	-	-
	12 Hospital ..	-	-	-	-
	13 TOTAL ..	-	-	-	-
Places made available to the authority by other authorities or organisations (do not include in tables 1-3)	14 Local authority ..	-	-	-	6
	15 Hospital ..	35	1	2	-
	16 Other organisations	-	-	-	1
	17 TOTAL ..	35	1	2	7

TABLE 5—Adjusted figures for places.

Net number of places available to the authority	Workshops or day centres		18	Line 2 + line 17 - line 13	35
	Training centres (including special units)	Junior	19	Line 6 + line 17 - line 13	103
		Adult	20	Line 6 + line 17 - line 13	92
	Special Units		21	Line 8 + 10 + 17 - line 13	27

Opened

One Adult Training Centre for subnormal and severely subnormal trainees over 16 years was opened on 5th June, 1968 for 90 places.

This is a comprehensive unit for males and females and is run on sheltered workshop lines. The name and address is:—Wetherby Industrial Unit, Gosforth Road, off Ascot Drive, Derby.

Dr. A. H. D. Hunter, Medical Superintendent, Kingsway Hospital, Derby holds a weekly meeting each Monday at which his medical staff, the occupational therapists, the hospital social workers and the mental welfare officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the superintendent and consultant psychiatrists maintain contact by seeking the aid of the mental welfare officers with regard to any enquiry they wish to be made and by obtaining and forwarding to them any patient's social history.

By permission of the Medical Superintendent, the mental welfare officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, Consultant Psychiatrists, Medical Officers and Staff of Kingsway Psychiatric Hospital, the Children's Officer, Chief Executive Officer of the Welfare Department and also to the general practitioners and police for their help and co-operation in carrying out the difficult duties under the Mental Health Act, 1959.

Thanks are also expressed to the Warden of the Y.W.C.A. Hostel and the Captain in charge at the Church Army Hostel. Without their very kind understanding and co-operation the mental welfare officers would find it impossible in many cases to carry out their duties with regard to obtaining suitable accommodation for homeless mental patients.

A large group medical practice has invited the mental welfare officers to attend their surgery each week in order that they can give to the mental welfare officers and discuss with them at first hand, cases which may require psychiatric treatment or some form of action by the general practitioner and the mental welfare officer to prevent a mental breakdown. This form of liaison is to the benefit of both the general practitioner and the mental welfare officer.

The help and co-operation of all sections of the Department of Employment and Productivity, also that of the Department of Health and Social Security is greatly appreciated. Thanks are also extended to the W.R.V.S. for supplying meals and clothing to special cases.

Section 47, National Assistance (Amendment) Act, 1951

4 people were admitted to the Manor Hospital.

Subnormal and Severely Subnormal Patients

GUARDIANSHIP AND SUPERVISION.

Thanks are tendered to the Medical Superintendent, Dr. K. O. Milner, Dr. S. L. Davies, and Staff of Aston Hall Hospital for their help and co-operation in carrying out the duties concerned with the examination and care of the sub-normal and severely sub-normal patients.

At the end of 1968 there were 553 sub-normal or severely sub-normal persons under supervision, 278 being under the age of 16 years.

Of the total number of sub-normal cases, 125 were in employment.

232 Derby cases were in 29 different hospitals throughout the country.

The Mental Welfare Officers carried out 2,391 domiciliary visits during the year and 6 cases were found to be socially stabilised and no longer in need of care.

As a result of these visits it has been possible to assist many sub-normal cases in employment, domestic and financial problems.

IVY HOUSE JUNIOR TRAINING CENTRE

REPORT BY MISS V. M. ROBINSON, SUPERVISOR

There are at present 69 children attending the Centre, 24 girls and 45 boys.

Centre activities during 1968 could be divided into two separate sections. The senior boys and girls attended Ivy House until 5th June when they were transferred to Wetherby Industrial Unit. Since so many had been attending the centre for as long as 20 years, every effort was made to help them to realise that they would be facing a completely new routine.

The new intake of children from the added areas were drawn from Woodville and Ilkeston Junior Training Centres with three boys from a Hostel at Chesterfield. These, added to the 20 Juniors already attending Ivy House, formed a group who for several months seemed very difficult to integrate. Social activities of all kinds have had to be cut to a minimum for the time being.

A Christmas Party was held on Friday, 20th December, when each child received a suitable gift. A beautiful Christmas cake was presented by Top Rank Bowl.

SPECIAL CARE UNIT

REPORT BY MRS. P. L. JEPSON, SENIOR ASSISTANT SUPERVISOR.

Continued progress resulted in the transfer of two children to the Junior Training Centre during the year. One child was sent to us from the training centre and one child died.

One new member of staff joined us in June as a replacement.

Dr. Robinson continued to make regular visits throughout the year and other visitors included medical and nursing students and occupational therapy students.

Plans to extend the unit to accommodate a further 25 children were passed and in August work began. By the end of December the new building was well on the way to completion.

WETHERBY INDUSTRIAL UNIT

REPORT BY MR. K. G. HOPKINSON, MANAGER.

The Unit was completed and handed over to the Authority early in the year.

The Staff was appointed during March 1968 and shortly afterwards delivery of all capital equipment commenced and was laid out, and all preparations made to take the first trainees.

The first intake was from Ivy House Junior Training Centre on the 5th June, and later, on the 12th August, we took in a further 37 trainees from Eaton Vale Training Centre, Long Eaton, all coming from the extended Boundary area.

Before the trainees came, the building was inspected by the Fire Officer, the Police and later by the Factories Inspector. All were satisfied with the arrangements made.

The Unit is specially designed as a training centre to cater for 80 to 90 mentally subnormal adults within the Borough. Although the title of the Unit puts accent on "industrial" this is only part of the training to be given. Social training, further education, industrial production, workshop training, home craft, physical education and sport will also take up a lot of the trainees' time.

The main workshop area is over 3,500 sq. ft. There is also a domestic subjects section, class room, dining room with kitchen, recreation room, stores, administrative block and other services.

The Unit's situation on Gosforth Road is in an industrial estate. There is grass land at the back to allow for a garden to be laid out and space for a future extension. In such an area it is possible to take in work from industry and from all parts of Derby. By the end of the year many firms had been contacted regarding work, and contracts were being carried out for ten companies. This gave enough work, of a mixed variety, to keep the trainees working full-time.

Many types of work can be undertaken—wood work, metal work including drilling, concrete products, packing and assembly work.

Trainees on the register at the end of the year—41 female and 47 male.

Many visitors attended the Unit during the year. On the 5th April the National Society for Mentally Handicapped Children held an evening meeting at the Unit, when I spoke to them on the working arrangements. On the 11th October the local society for Mental Health held an evening meeting, and again I outlined our working programme to them. Visits were also made by the Ministry Inspector.

The Unit was officially opened on the 23rd November by the Rt. Hon. Edward Heath, M.B.E., M.P.

A parents' day was held during December, attended by over 100 parents and friends.

During August 8 trainees were away on a special project arranged by the Toc H, which was found to be very useful for them.

By the end of the year foundations for the running of the Unit had been laid and work was coming in at regular intervals, all firms being satisfied with the standard of work we were turning out.

We have a busy programme for the coming year, and hope that our training will be satisfactory to allow for some of the trainees to be placed in open industry.

VIII—SOCIO MEDICAL WORK

REPORT BY MR. R. L. CARABINE, SENIOR SOCIAL CASEWORKER.

The Secretary of State has requested that these reports should include comment on:—"The co-ordination and co-operation of the Health departments services with the hospital and family doctor services, including attachment or liaison schemes between the department's domiciliary staff and family doctors".

The aim of this section is to provide every family doctor in the area with the services of a trained social worker whose prime interest is the relationship between health and the individual's or family's social circumstances. A specialised service such as this cannot afford to waste its energies in needless or routine enquiries or by relying on chance referrals, it was therefore essential that a reliable and established liaison be developed. Assessment of the situation some years ago pointed clearly to the attachment of social workers to Group Medical Practices as the one way of achieving that personal and confident relationship which will enable an exchange of professional opinion at both a formal and informal level. Development on these lines was therefore planned and was aided by the already existing liaison with the area's hospitals and the many workers in the field of health.

A start was made with a Group Family Doctor practice who willingly agreed on a pilot venture and from the success of this stemmed the growth of the present service. At this moment, eight social workers, selected and allocated with some regard, are attached to twenty practices who total over sixty doctors, and though there are obviously slight variations in the degree of integration achieved the overall relationship is a remarkable one. The results have more than justified our earlier belief that by the very nature of his work the family doctor is the person whose door will first be knocked upon by those suffering inter related socio-medical difficulties.

To turn now from the method, to the objectives of the service, which are manifold but which can be summarised briefly:—by providing a skilled social caseworker to the general practitioner we add to his team a worker capable of relating the social and medical aspects of a situation and with the ability to undertake the necessary social work action arising from joint consultation. To the doctor we are able to give all relevant social information having a bearing on his patient's condition and future progress. We provide for him a quick and economical means of communication with all the community resources and the selection of the most appropriate agency. We do frequently throw light upon a patient's behaviour, reactions and attitudes, and draw attention to the inability of certain patients to comprehend or carry through a pattern of treatment. An example of the latter are those women who by lack of intellect or pressure of events will neglect themselves, fail to take the Pill every day for instance and thus be found to be pregnant at a time when this is detrimental to their health. The recent Abortion Act has brought to the family doctor considerable responsibility and here we are able to supply him with reports that not only detail the circumstances but are also free from emotional pressure—this particular aspect of our work will be mentioned again later. The patient, it has been our experience, in all walks of life, welcomes our support and interest—frequently he or she has refrained from unburdening completely to a doctor whom they know to be hard pressed for time. We are therefore often in the recipient role and can glean intimate knowledge of the fears and anxieties that oppress him. The knowledge that we are associated with the doctor's surgery, the patient's consent having previously been obtained by the doctor, imparts confidence and enables an easy relationship to be established quickly. Again our knowledge of what is practicable, of steps that can be taken and of available sources of help, is often of considerable assurance to patients who are bewildered and fearful.

It cannot be emphasised too strongly that our role is mainly a "preventive one"—the prevention of anxiety, stress, and the hardening of situations which if allowed to develop result in the patient or the family spiralling downwards as health and circumstances deteriorate.

A broad indication of the nature of problems encountered in this health orientated, individual, and family casework is given statistically at the end of the report, but it is appropriate now to remark that the range is incredibly wide. The writer is often asked what the work entails, usually the questioner is thinking in terms of the physically handicapped, the mentally afflicted and all those unfortunate categories that evoke sympathy and goodwill. But this is mainly work of quite a different nature, the patients we are meeting are by and large the ones who fill any doctor's waiting room, their difficulties are not perceptible at a glance but they are, as remarked of a wide variety. Mention has been made of the Abortion Act, and anyone reading the daily press could be forgiven for imagining the worst, but in fact our experience in this area at least, is that the majority are indeed tragic cases demanding the utmost, not only in terms of sympathy but also in understanding the motivations behind the requests. Termination of a pregnancy cannot be fraught with imponderables for often the persons most concerned are in situations which allow little time for adjustment and clear thinking. It would appear obvious that doctors faced with a most difficult decision would wish to be informed on all relevant aspects and indeed, with one exception, this has been the case. The requests made to the section for this assistance have steadily increased over the months since the introduction of the Act and it is a source of satisfaction to us that the standards we have set ourselves have given both general practitioners and consultants confidence in our ability to present a social assessment of value. It has been noticeable how these reports have given impetus to requests for assessments in diverse cases which have involved anxiety states, marital relations, family and employment difficulties. There are encouraging indications that it will become normal practice for family doctors to request social assessments in appropriate cases much as they make use of other aids to diagnosis and treatment.

This attachment of social workers with a desire to specialise in for what, for want of a better term, I will call the wide field of social medicine, has also brought dividends in other ways. A personal relationship builds up not only with the doctors but also with the receptionist staff of the surgery and of course where health visitors are also attached an even more effective combination results. Liaison with hospitals, clinics and all allied workers is greatly aided, for cases referred by them to us are channelled to the social worker who is with the patient's general practitioner and thus the surgery is quickly aware of all developments, and is in a position to determine both its medical and social policy.

To sum up, the writer has often heard and read comment to the effect that family doctors are hesitant to use social workers, that there is some vague barrier which prevents understanding between our professions. Paragraph 692 of the Seebohm Report makes such comment and whilst there is undoubtedly some truth in that Committee's general assertions, the practical experience and evidence of what has been achieved here in Derby must also be considered. General practitioners, we have found, are not, as commonly portrayed, resentful of social work aid, on the contrary they have in this town, and its recently added areas, displayed a remarkable willingness to make full use of it, showing by their collective and individual interest an appreciation of its value. Social Workers, and the writer has his own professional allegiance very much at heart, are too often led to believe that co-operation with General Practice is difficult to attain. This is not

so, and in fact it requires only that we understand the need for both professions to learn from each other through imaginative yet practical contact, both are "caring" professions and therefore share a common umbrella. If there is any secret to the relationship we have established here, it is that we have sought to establish personal links based on an appreciation of the difficulties and problems confronting general practice today.

Before closing this report I would like to mention a further interesting step which developed in the closing weeks of the year. For some time the Child Guidance Service had been unable to secure the services of a social worker and following on discussions with Dr. V. Pillai, Consultant Psychiatrist, and his staff it was agreed that this section should service his clinic. Early indications are most encouraging and it may well be that this experiment will lead to even closer links between this specialised service and general practice through our already established liaison.

Referred by

Hospitals	...	...	...	...	...	106
Chest Centre	...	...	...	...	...	44
General Practitioners	...	...	...	...	...	784
Health Department Workers	...	...	...	...	...	188
Local Authority Departments	...	...	...	...	...	46
Voluntary Agencies	...	...	...	...	...	9
Ministry of Social Security	9
Councillors	10
Own Approach	64
Other Sources	149
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						1,409
						<hr/>

Problems—Socio-Medical

Convalescence	121
Housing	198
Employment	81
Home Care	...	...	...	...	...	325
Rehabilitation	...	...	...	...	...	24
Financial Needs	...	...	...	...	...	259
Personal Problems	...	...	...	...	...	595
Family Problems	...	...	...	...	...	414
Medical Care	...	...	...	...	...	173
Legal and Technical	...	...	...	...	...	33
Medical Appliances	...	...	...	...	...	52
Care of Children	...	...	...	...	...	87
General Advisory and Follow-up enquiries	...	...	...	...	...	61

Medical Classification

Cancer	...	...	...	...	...	...	110
Cardiac and Circulatory	...	...	...	...	...	...	168
Chest Conditions	...	...	...	...	...	...	126
Diabetes	...	...	...	...	...	...	17
Debility	...	...	...	...	...	...	35
Stress	...	...	...	...	...	...	503
Epilepsy	...	...	...	...	...	...	18
Gastric	...	...	...	...	...	...	43
Neurological	...	...	...	...	...	...	33
Paraplegic and Hemiplegic	...	...	...	...	...	...	37
Pregnancy	...	...	...	...	...	...	67
Rheumatism and Arthritis	...	...	...	...	...	...	81
Skin Conditions	...	...	...	...	...	...	8
Orthopaedic	...	...	...	...	...	...	37
Gynaecological	...	...	...	...	...	...	36
Tuberculosis	...	...	...	...	...	...	23
Alcoholics	...	...	...	...	...	...	5
Leukaemia	...	...	...	...	...	...	3
Ophthalmic	...	...	...	...	...	...	9
Geriatric	...	...	...	...	...	...	137
Unmarried Mothers	...	...	...	...	...	...	96
Other Medical and Surgical Conditions	...	...	...	...	...	...	229

IX—MISCELLANEOUS

REPORT OF THE HOME NURSING SERVICE

By Miss D. M. CLEWES, HOME NURSING SUPERINTENDENT.

1968 has indeed been a year with some changes. There is some satisfaction to be gained for being able to state that we have not "rested on our oars" for twelve months.

One improvement, to benefit both patients and nursing staff, is the increase in the auxiliary help, referred to as Bath Attendants. Eight ladies are now employed. Most of their day is taken up in bathing the disabled and elderly citizen. There are also some people whom they visit early morning to give aid in getting up and dressing. It would seem that this number is not nearly enough, for as the year ends, there is a waiting list of people for whom this service has been requested by either the doctors or the hospitals. These ladies are giving a service which is very much appreciated and is of the utmost value.

Training for District Nurses

In December 1967, a circular was received from the Ministry of Health requiring local authorities to give urgent consideration to the training of their home nurses. We approached Dr. Dodd, the Medical Officer of Health for the City of Nottingham, for the purpose of making arrangements for our staff to go there. Nottingham has had a Training School for District Nursing for many years.

The main reason for choosing Nottingham is that the staff could travel daily, this being very important in instances where the staff have domestic commitments. Two members of the staff commenced their three month training on the 30th September, 1968, and they will be sitting for their examination on the 16th January, 1969. It is hoped that another four or six nurses will receive this training in 1969.

Borough Extension

We were very pleased to have on our staff the six nurses who had accepted the transfer of employment from the Derbyshire County Council, and we hope that having become familiar with the different methods of administration etc that they are now quite happy working with us.

Home Nursing

Area taken in due to boundary extension. Number of new patients—January / March 214. Number of patients transferred 1.4.68 292. Number of new patients from 1.4.68 823. Number of visits 27,459.

Original Borough of Derby. Number of new patients 1.1.68 to 31.12.68 1,440. Number of visits 75,532.

During the year a total of 1,300 items of home nursing equipment were loaned to the public, including bedpans, backrests, hoists, commodes etc.

EXFOLIATIVE CYTOLOGY

By Miss J. HEADINGTON, SUPERINTENDENT HEALTH VISITOR.

Clinic

The Cytology Clinic continued to be busy throughout the year and the two sessions held weekly were well booked.

A campaign on cervical smear testing in the local press brought in three hundred requests for the service and these were dealt with in four weeks by starting two extra sessions weekly.

The health visitor in attendance at the clinic showed film-strips and gave talks on self examination of the breasts for lumps, and helped to allay some of the fears of the women attending the clinic, associated with the word cancer. As always, the accent on the prevention of ill-health was stressed. A follow-up over the year showed that twelve women attended their own doctors for advice, or were referred to the hospital for surgical treatment for abnormalities of the breast.

The health visitors on their areas explained the service to any women desirous of having a smear test, and particular attention was given to women in the thirty-five to sixty age group, impressing upon them the vulnerability of this wide age range to cancer of the neck of the womb.

There was an increase in population due to the boundary extension in April, 1968, and a fairly heavy demand for the test was made by the women in the added areas. These requests helped to account for the rise in the number of first smears taken.

In view of the fact that the majority of women examined were in a healthy state, it was considered unnecessary to continue with yearly repeats, and these ceased in September, 1968. A five yearly re-call system came into operation, but special repeats continued to be taken for other reasons.

Smears taken

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>
1964	168	—	—
1965	1,783	82	—
1966	1,163	71	1,258
1967	727	94	806
1968	1,680	164	728

Positives—Clinic

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>	<i>Total Positives</i>
1966	15	2	1	18
1967	5	3	2	10
1968	7	3	1	11

BY MISS D. M. CLEWES, HOME NURSING SUPERINTENDENT.

Domiciliary

From the 1st April until the beginning of December, the nurses have had a very heavy case load, the main reason being a shortage of staff. In consequence, the Domiciliary Cytology suffered—there is a tremendous drop in the number of smears taken. All the new staff have received training for taking cervical smears, and it is hoped that the figures for the coming year will be well up on this year's figures.

Smears taken

		<i>Smears First</i>	<i>Special Repeats</i>	<i>Repeats Yearly</i>
1966	Domiciliary	753	43	572
	Factories	113	—	—
	Hospital Staff	91	—	—
1967	Domiciliary	227	53	533
	Factories	83	3	64
	Hospital Staff	25	—	37
1968	Domiciliary	77	27	121
	Factories	—	4	—
	Hospital Staff	—	—	—

Positives—Domiciliary

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>	<i>Total Positives</i>
1966	Domiciliary	8	4	—
	Factories	1	—	—
	Hospital Staff	—	—	—
1967	Domiciliary	—	2	—
	Factories	—	—	1
	Hospital Staff	—	—	—
1968	Domiciliary	—	—	—
	Factories	—	—	—
	Hospital Staff	—	—	—

THE FAMILY PLANNING ASSOCIATION

(Derbyshire & Derby Branch)

REPORT BY THE BRANCH ORGANISING SECRETARY, MRS. M. A. PARSONS.

Family planning sessions are held in the Green Street Clinic, Derby, every Monday, Tuesday and Thursday by appointment. It is the policy of the Family Planning Association to give advice on family planning to all who require such information; not only to married couples but to anyone over the age of 16 years. We hope to be able to expand our services in the Derby Borough to provide a Family Planning Clinic in those areas where it is difficult for people to travel into the centre of Derby, but owing to the lack of financial resources it has not yet been possible to go ahead with this development and for the present we have to concentrate our sessions in this central clinic.

For the period June to December 1968 when accurate statistics were recorded, a total of 1,717 patients were seen at the Green Street Clinic. Of these 588 were new patients. We saw many pre-marital patients and many came for consultation only. It is interesting to note that of the 588 new patients 211 were recommended to the clinic by their friends who were already patients.

Appointments can be made by writing to the Clinic Secretary at the clinic and enquiries are always welcome at the Branch Office, 5 Elder Way, Chesterfield (telephone Chesterfield 4939).

OCCUPATIONAL THERAPY

REPORT BY MRS. E. M. BENTLEY, OCCUPATIONAL THERAPIST/REHABILITATION OFFICER.

The staff situation during the year under review was as difficult as in 1967, but fortunately, 2 chronic patients were transferred to the Welfare Services and 4 subnormal patients transferred to the Wetherby Industrial Unit where, according to reports, they have proved to be well trained and responsive. Many cases are being referred direct to the Unit by general practitioners with excellent results made possible because of the prompt referrals. This action reduces the risk of the patient vegetating mentally.

One of the cases dealt with was that of a middle-aged man who had had major surgery. He was extremely anxious for an early return to work, but his poor physical condition permitted only passive movement of his right arm and shoulder in the early stages of his treatment until his condition improved. He was very intelligent and co-operated fully. He was taught several skills to prevent boredom and which would be useful to him after his rehabilitation. Frequent liaison was maintained with the Socio-Medical Service and the patient's general practitioner and after six months he was able to return to his former employment much to his delight.

Another interesting case in which treatment commenced in May 1966 was that of a double amputee of the lower limbs and a diabetic. She was a widow, aged 50, who lived alone and predictably became miserable, depresso and almost at breaking point. Housebound and confined to a wheelchair, she had been fitted with artificial legs but in spite of training in their use she lacked confidence and the will to use them. Frequent and regular domiciliary visits were made to augment those of Miss Jones from the Socio-Medical Service until finally the patient commenced attending the Occupational Therapy Unit and gradually a marked improvement became apparent in her mental outlook. Her sense of hopelessness slowly disappeared and she became receptive to all the services provided. After a year of intensive effort she was able to cook and do her weekly laundry at the Unit. She also managed to do most of her housework at home. Her last stage of rehabilitation was training her to lift and carry her weekly shopping and before leaving the Unit she was able to carry 9 lbs. in weight.

With the exception of a weekly visit from the Home Help Service to clean windows and dust where she could not reach, she is now almost self reliant. During her two years of rehabilitation she was reviewed periodically by Dr. G. M. Cochrane at the Derbyshire Royal Infirmary.

This was a most interesting case involving many branches of the Health Department Services and much credit must go to this lady for her determination to be as independent as possible after her mental outlook had improved.

Summary

Number of patients on register	...	...	...	...	...	...	45
Number of patients attending Occupational Therapy Unit	...	...	...	...	...	...	16
Number of home visits	...	...	...	...	...	...	965
Number of patients returned to full employment	...	...	...	...	...	...	4
Number of patients returned to part-time employment	...	...	...	...	...	...	1
Number of patients referred for training at the Industrial Rehabilitation Unit, Long Eaton	...	...	...	...	...	...	1
Number of patients transferred to the Welfare Department	...	...	...	...	...	...	2
Mentally Subnormal patients transferred to the Wetherby Industrial Unit	...	...	...	...	...	...	4

BOULTON CHIROPODY CLINIC

REPORT BY MRS. A. E. GREATEOREX, CHIROPODIST

We started 1968 with our new chiropody assistant, Mrs. McIntyre and later in the year Mrs. Wainwright, a chiropodist, joined us.

With increased help, patients' visits were more frequent early in the year; later the chiropody service was curtailed due to staff illness. The much needed Domiciliary service was started during the year. With so many patients over 80 years of age, there has been some physical illness amongst them, causing some to become housebound. Nineteen ambulance patients received treatment at the clinic, but are gradually being absorbed into the new service.

Many of our new patients are recently retired, having been told of the facilities available to them at pre-retirement courses sponsored by some of the large firms.

Chiropody has a good psychological effect on patients as frequently we hear phrases, "It's like a tonic", "It's like walking out of church", or "I want to skip home." I have noticed that many have varied interests, W.V.S., Red Cross work, also adult education. This is so different to the sad saying of "It's a tragedy to grow old" that we used to hear a short time ago. Seventeen diabetics and seven blind received treatments; no expectant mothers this year.

MAINE DRIVE CLINIC—CHADDESDEN

REPORT BY MRS. P. WAINWRIGHT, CHIROPODIST.

Since the Borough boundary extension the Chiropody service in Chaddesden has increased from two sessions per week to four; and there is evidence of ample scope to expand even further. Patients were treated on average every 8 weeks, although occasionally this had to be extended reluctantly to three months in very busy periods.

The number of patients being conveyed regularly to the clinic by ambulance rose over the year to 15, and these patients were extremely grateful for this service, as not only did they get relief from their foot ailments, but secretly rather enjoyed the outing; many of them being too debilitated to venture from their homes, except on similar occasions.

Two expectant mothers attended during the year for routine treatment, and three physically handicapped patients under pensionable age.

Three "emergency" cases were treated, one of whom had been rather too generous with her favourite brand of "corn paste" and presented a large area of burnt tissue on the plantar metatarsal area of her left foot. However, suitable dressings and advice on the use, or rather non-use, of these questionable medicaments, soon calmed her fears and her foot. Another patient, Mrs. W. presented a very inflamed and oedematous great toe joint on her right foot, and on questioning it was found that she had dropped a rusty darning needle into the joint area two days previously. With the co-operation of her doctor in the prescribing of antibiotics and an Anti-Tetanus injection, her foot soon returned to normal.

It is obvious that there is a growing demand for Chiropody in this country today, the main reason being, especially in the elderly, that many of our footwear manufacturers do not make shoes which will comfortably accommodate the deformities associated with age and its allied arthritic conditions, therefore these patients receive constant pressure on their deformed feet and so are in almost constant need of palliative treatment.

It is to be hoped perhaps that in the future more emphasis could be laid on prevention rather than cure in the way of more School Chiropody services, where many incipient deformities could be corrected before they become irreversible.

At least 50% of the patients attending the clinic, from time to time presented non-infective tissue breakdown through the pressure of their shoes and their allied conditions and circulatory disorders, which could quickly become infected if not regularly treated. Ten diabetics attended for treatment and here especially one is constantly fighting against tissue breakdown and infection with protective padding and advice, particularly in the more unstable cases. 60 cases of Onychois or Onychogryphosis were treated, and one often finds with these cases, that although thickened and mis-shapen nails may never bother a few people, in the main either the deformed nail starts to press into the adjoining toe with resultant ulceration or the pure pressure from the shoe causes tissue breakdown of the nail bed and infection occurs with resulting onychia and Paronychia. Five cases of Tinea Pedis were also treated successfully over the year.

Two patients over 90 years of age attended the clinic during 1968, one of whom required nothing more than her toe-nails cutting as although she was an extremely active 93 year old, her eyesight was not good enough to enable her to cut her own nails. The other patient Mr. B, a very bright 95 year old who is conveyed to the clinic in a wheelchair by a much "younger" 87 year old, was rather more of a problem with the constant occurrence of ulceration on his feet. After much questioning it was elicited that due to his circulatory condition he suffered from severe itching of his feet especially during the night and being unable to reach his feet, his method of solving the itching problem was to give them a good hard rub with the rough end of his old, knobbled walking stick, resulting in ulceration, and since the stick was not always too clean—sepsis. However, once again with the co-operation of the patient's G.P. by the latter end of 1968 we had made good headway with Mr. B. and it is only occasionally now that he presents any ulceration and shamefacedly waves his stick at me.

1968 also saw the beginnings of a small Domiciliary service for the treatment of patients who were too ill or debilitated to attend the clinics even when transport was available. 42 patients were treated in their homes and it is thought that this service may well be extended in the coming year, as there is obviously a very definite need for it.

RYKNELD CHIROPODY CLINIC

REPORT BY MRS. E. MULLINEUX, CHIROPODIST.

The Chiropody Service in Derby is now four years old, and patients have come to rely on their treatments as an essential part of their well being, and are often heard to remark that they could not go on without it.

1968 was a year of changes. With the welcome return of clerical assistance in January enabling us to treat more patients at regular intervals, and to cope with difficult patients, who, because of their age, mental and physical capabilities, are impossible to deal with single handed.

There were six handicapped persons treated. Three of these were mentally handicapped, two had Rheumatoid Arthritis, one a chest complaint. One expectant mother in the latter stages of pregnancy received treatment for corns and Metatarsalgia. We also treated seven blind, 11 diabetics, 14 with moderate to severe heart conditions, and 19 came to the clinic by ambulance.

Details of statistics on chiropody treatment year ending 31st December 1968

Number of persons treated.

		<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
1.	Persons aged 65 and over	... 1171	—	1171
2.	Expectant mothers	... 4	—	4
3.	Others	... 25	—	25
4.	Total	... 1200	—	1200

Number of treatments given.

		<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
1.	In clinics	... 4566	—	4566
2.	In patients' homes	... 79	—	79
3.	In old people's homes	... —	—	—
4.	In chiropodists' surgeries	... —	—	—
5.	Total	... 4645	—	4645

HOME HELP SERVICE

REPORT BY MISS S. ECCLES, HOME HELP ORGANISER.

The National Health Service Act 1946 consolidated the Acts and Orders which had previously regulated the work of home help services. In part 3, Section 29 this act gave the new and expanding home help services a definite place in the local authority health services (we are still awaiting the appointed day of Section 13 of the Health Services and Public Health Act 1968).

With the changing way of life in our society and the sociologist's emphasis on community care the service has grown rapidly during the past twenty years and it now fulfills an essential need in the homes of our aged, sick and infirm citizens, the aim being, to give practical help to people in their own homes and to prevent hospitalization and residential care where possible. Although much progress has been made over the country as a whole I fear that Derby has fallen sadly behind and does not compare favourably with the services run by other authorities.

Prior to the extension of the Borough boundary on the 1st April there were 819 cases and 146 Home Helps. These figures were increased by 386 cases and 78 Home Helps with the added areas.

Due to financial restrictions in 1968 the development of the service was very limited but with the increased case load of the added areas it was necessary to review the service once the new areas were comfortably absorbed. Thus, in November 1968 in order to improve efficiency we planned a complete change in clerical procedure. This should be operating in the early months of next year.

There are still many cases not receiving adequate help at present, however with a small increase in our finance allocation we are setting out to alleviate this problem. Much could also be done to improve the service where care of children is involved.

Details of cases served during 1968

<i>Aged 65 and over on 1st visit</i>	<i>Chronic Sick and T.B.</i>	<i>Mental Disorder</i>	<i>Maternity</i>	<i>Others</i>	<i>TOTAL</i>
1574	31	3	38	49	1695

Number of cases served annually Comparison for the years 1961-1968

1961	-	909
1962	-	933
1963	-	1068
1964	-	1119
1965	-	1198
1966	-	1165
1967	-	1134
1968	-	1695

Boundary extension

In addition to the above information the table below gives details of visits made during the first quarter of the year to residents of the areas which were subsequently absorbed by the Borough extension:—

<i>Aged 65 and over on 1st visit</i>	<i>Chronic Sick and T.B.</i>	<i>Mental Disorder</i>	<i>Maternity</i>	<i>Others</i>	<i>TOTAL</i>
340	29	1	-	9	379

Assessment of Cost

<i>Year</i>	<i>Full Fee Charged</i>	<i>Reduced Fee Charged</i>	<i>No Charge</i>
1961	122	787	-
1962	120	813	-
1963	145	923	-
1964	186	933	-
1965	200	998	-
1966	102	1063	-
1967	60	1074	-
* 1968	231	232	1232

*On 1st April, 1968 charges were abolished for those persons in receipt of supplementary benefit allowance.

Cremation

During the year 3,366 cremations were carried out. Of this figure 1,874 were in respect of non-borough residents.

Epileptics and Spastics

Incidence:—

Year	Epileptics		Spastics	
	Male	Female	Male	Female
1957	2	3	-	-
1958	1	-	-	1
1959	1	1	1	7
1960	-	1	1	1
1961	3	1	3	2
1962	3	5	1	2
1963	10	4	3	4
1964	5	2	3	5
1965	10	4	9	2
1966	13	9	3	1
1967	3	7	1	1
1968	19	13	11	5
Total number of cases in the Borough (age 0-15 years) known to the Medical Officer of Health at 31/12/68	55	42	30	21

Spastics

Maintained in Colonies and Special Homes 2 males,
5 females

Epileptics

Maintained in colonies 2 males, 5 females

Maintained in Part III accommodation provided
by the Council 4 males, 3 females

Briefly, the facilities available under the local health services for the area are as follows:—

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department so that they are brought into the picture at an early stage. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily.

There is excellent co-operation between the School Health Service and the pediatric services of the hospitals.

Services for the Visually Handicapped

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register at 31/12/67	...	...	306
New patients added to register during 1966	...	...	59
Transfers into the Borough from other areas	...	...	6
Transfers into the Borough on Borough extension	...	...	97
Number of blind persons reported as having died	...	...	51
Transfers out of the Borough to other areas	...	...	6

Transfer from Blind to Partially Sighted Register	...	...	—
De-certified	...	...	—
Number of blind persons on register at 31/12/68	...	...	411
Number of children of school age included in above	...	...	10
Number of partially sighted persons on register at 31/12/68	...	...	102

Details of blind persons on register at 31/12/68 are as follows:—

Age Periods of Registered Blind Persons

Age	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70 +	Total
M.	—	—	—	—	—	1	3	4	4	5	7	17	14	14	81	150
F.	—	—	—	1	—	1	3	1	3	4	9	20	18	18	183	261
TOTAL	—	—	—	1	—	2	6	5	7	9	16	37	32	32	264	411

Age at Onset of Blindness

Age	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70 +	Un-known	Total
M.	17	—	1	—	—	5	4	4	4	8	10	16	15	18	48	1	150
F.	18	—	—	—	—	7	3	2	6	6	14	27	23	32	123	2	261
TOTAL	35	—	1	—	—	12	7	6	10	14	24	43	38	50	171	3	411

Children, Age under 16

M. F.	Under 2 Resident in/at	Age 2-4			Age 5-15						Total				
		Sunshine or Residential Homes	Home or Elsewhere	Attending Nursery Schools or in Residential Homes	Educable	In- educable	Educable			Not at School	In Mental Hospitals				
							Attending Schools.	Other Schools	Ineduca- ble						
M.	—	—	—	—	—	—	2	1	—	—	—	—			
F.	—	—	—	—	—	—	2	—	—	—	—	—			
TOTAL	—	—	1	—	—	—	4	1	—	—	—	—			
							Blind but no other Defects	Blind with no other Defects	Blind but no other Defects	Blind with other Defects	Blind	Blind	Blind	Blind	4
							Attending Schools.	Other Schools	Other Schools	other Defects	with multiple Defects	with multiple Defects	with multiple Defects	with multiple Defects	5
							—	—	—	—	—	—	—	—	9

Education, Training and Employment. Age Periods, 16 years and upwards

	Employed				Under-going Training		Unemployed				(n)		(o)		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)		
M. . .	2	In Workshops for the Blind	21	TOTAL EMPLOYED	No. of Women over 60 and Men over 65 who are employed included in (d)	3	For Open Employment	Trained but unem- ployed	No Training but Trainable	No Training	7	11	95	146	13
F. . .	-	As Approved Home Workers	7	All Others no included in either (a) or (b)	-	-	For Sheltered Employment	-	-	-	28	19	201	257	4
TOTAL	2	I	28	31	-	4	I	-	-	-	35	30	296	403	17
								16 - 64	Not available for employment					GRAND TOTAL	
								16 - 64	Not Capable of Work						No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m)

Occupations of Employed Blind Persons

	<i>Mailmakers & Chair Sealers and Basket Makers</i>	<i>Clerks and Typists</i>	<i>Newspaper Operatives</i>	<i>Massage and Physio-Therapy</i>	<i>Hawkers</i>	<i>Piano Tuners</i>	<i>Packers</i>	<i>Telephone Operators</i>	<i>Other Open Employment</i>	<i>Gardener</i>	<i>Miscellaneous</i>	<i>Total</i>
Within Workshops for the Blind .. .	2	-	-	-	-	-	-	-	-	-	-	2
In Approved Home Workers Schemes ..	I	-	-	-	-	-	-	-	-	-	-	I
Others not Pastime Workers .. .	-	4	-	6	-	I	-	I	3	10	-	3
TOTAL .. .	3	4	-	6	-	I	-	I	3	10	-	3

Physically and Mentally Defective and Mentally Disordered—All Ages

	(a) Mentally ill	(b) Mentally Sub-Normal	(c) Physically Defective	(d) Deaf without Speech	(e) Deaf with Speech	(f) Hard of Hearing	Not included in (a) to (f) but combination of:					Total
	(b) and (f)	(c) and (e)	(c) and (e)	(a) and (e)	(a) and (f)	(b) and (c)						
M. ..	I	3	6	-	I	5	-	-	-	-	I	17
F. ..	3	6	10	-	4	II	-	-	-	I	-	35
TOTAL	4	9	16	-	5	16	-	-	-	-	I	52

Blind Persons age 16 and upwards—resident in

	Residential Accom. pro- vided under Part III of the 1948 Act, viz : Section 21		Other Residential Homes	Mental Hospitals	Chronic Wards of Hospitals	TOTAL
	Homes for the Blind	Other Homes				
M. ..	6	I	I	I	3	12
F. ..	9	5	7	4	7	32
TOTAL	15	6	8	5	10	44

Miscellaneous Information—Number of

Social Centres	..	..	..	..	..	..	..	..	..	..	..	I
Handicraft Classes	..	..	..	..	..	..	..	..	..	..	..	I
Special Classes and Socials for the Deaf-Blind	..	..	..	..	..	..	..	..	..	..	..	I
Persons newly employed in open industry during the year	..	..	..	..	..	..	..	..	..	..	..	I
Persons discharged from open industry during the year ..	..	..	..	..	..	..	..	..	..	..	..	-
St. Dunstaners	..	..	..	..	..	..	..	..	..	..	..	2

Blind Persons Registered as New Cases (not transfers) during the Year —Age at Date of Registration

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M. ..	-	-	-	-	-	-	-	-	-	-	I	3	2	7	16	28
F. ..	-	-	-	I	-	-	-	-	-	-	I	3	2	2	22	31
TOTAL	-	-	-	I	-	-	-	-	-	-	2	6	2	9	38	59

Note—5-10 Male 1, Female —.

Blind Persons Registered as New Cases (not transfers) during the Year —Age at Onset of Blindness

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M. ..	-	-	-	-	-	I	-	-	-	-	I	3	2	6	15	28
F. ..	2	-	-	-	-	-	-	-	I	-	-	3	1	4	20	31
TOTAL	2	-	-	-	-	I	-	-	I	-	I	6	3	10	35	59

The Local Authority employs a Supervisor, Five Social Welfare Officers for the Visually Handicapped holding the qualification of the College of Teachers of the Blind, and one trainee Social Welfare Officer.

Every effort is made to discover and assist any new cases of visual handicap. Home visiting, casework and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences, omnibus passes, talking book machines and many other aids.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Rycote, Kedleston Road, where instruction is given in pastime occupations, and a game of dominoes, cards or draughts may be enjoyed. A full programme of talks, visits and entertainment, etc., is provided. Transport is provided to the Centre when essential.

The sitting room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many hours, and on Thursday afternoons taped news readings are given. An instruction class in Old Tyme Dancing is held on Thursdays, along with other social and group activities.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making, etc. Some of the people join in an industrial work group which is provided for those under retiring age.

A qualified Mobility Officer teaches his subject to suitable people, including the use of the long cane. This encourages them to go out alone. A course of training consists of 1 hour per day for about 3 months.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas dinner party, which are provided by the Local Authority.

Provision is also made for an annual handicapped persons' holiday of one week, which is taken collectively and under the supervision of the Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as more than half the cost is borne by the Welfare Committee, the charge is definitely within the reach of all concerned.

Another additional service for the blind takes the form of a fortnightly Chiropody Clinic, which is held at our Social Centre on the chosen days from 9-00 a.m. to 5-00 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. We are grateful to him for only making a charge of 4/- per person which covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out in conjunction with the Ophthalmologists, which is in accordance with the requirements of the Department of Health and Social Security, Form B.D.8 being completed in all cases. In the

case of bedridden patients, and others so physically handicapped as to be unable to attend in person, arrangements are made for the Ophthalmologists to visit them in their homes.

The same services are available to persons on the Register of the Partially-Sighted, particularly to those who are considered by the Ophthalmologist to be likely to go blind. Others, when it is considered appropriate, are included in the provision of Welfare services for the Physically Handicapped.

Low Visual Aids are now available through the Eye Department of the Derbyshire Royal Infirmary and are proving of great value to a number of persons with certain types of visual defect.

A selection of novels, some suitable for children, which are printed specially for people with poor vision in larger than normal type, are now available for loan through the normal library services of the Corporation.

Those who can read Braille or Moon type can receive books free of charge and post free from the National Library for the Blind, to whose funds the Welfare Committee contribute.

We are grateful to all who have assisted during the year by bringing to our notice people with severe sight defects and wish to point out that we are not only interested in those who are in financial difficulties through their disability. There are many in ways which our knowledge can assist those whose sight has failed or is failing and we are always glad to hear of them. Registration as a blind or partially-sighted person is, of course, quite voluntary.

We should like to stress the point that to be registered as "blind" does not mean that a person has to be, or is likely to become, totally blind. In fact a large proportion of people who are registered as "blind" have a limited degree of vision although they are, nevertheless, severely handicapped.

Follow-up of Registered Blind and Partially Sighted Cases

(i) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends:-	Cause of Disability			
	Cataract	Glaucoma	Retrorenal Fibroplasia	Other
(a) No treatment:- 39	6	3	-	30
(b) Treatment (medical, surgical or optical):- 32	5	1	-	26
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment.- 25	3	-	-	22

AMBULANCE SERVICE

REPORT BY MR. C. V. ROBERTS, DIRECTOR OF PUBLIC CLEANSING AND TRANSPORT MANAGER.

Use of Service

The number of cases carried during the year has increased by 26.7% due mainly to the extension of the Borough. Since 1st April, 1968 the increase was 38% compared with the same period in the previous year.

Vehicles

The fleet at 31st December, 1968 consisted of nine ambulances, eleven dual purpose vehicles, and a sitting case car.

Personnel

The staff was one Superintendent, one Deputy Superintendent, five Station Controllers, two Clerk/Telephonists and fifty Ambulance Drivers.

Patients Carried

		<i>Ambulances</i>	<i>Sitting Case Vehicles</i>	<i>Total</i>
Emergency calls	... ...	2,957	311	3,268
Other cases	... ...	36,585	71,165	107,750
		<hr/> 39,542	<hr/> 71,476	<hr/> 111,018

Mileage

	<i>Ambulances</i>	<i>Vehicles</i>	<i>Total</i>
		<i>Sitting Case</i>	
With patients	137,557	164,595
Other journeys	—	27,568
		<hr/> 137,557	<hr/> 192,163
			<hr/> 329,720

Co-operation, etc

I am glad to place on record my appreciation of the valuable assistance of members of the British Red Cross Society and St. John Ambulance Association, acting as escorts for some of the long-distance journeys by public transport.

Ready co-operation and help have also been given by hospitals, doctors, other ambulance authorities, and the staff of British Rail.

PUBLIC SWIMMING BATHS

REPORT BY MR. N. G. RUSHTON, GENERAL MANAGER.

Derby Swimming and Bathing requirements are fairly well catered for, although in recent years statistics show an increasing demand for this form of recreation. The facilities at present in the two bathing establishments are:—

Reginald Street Baths

Built 1904, comprising:—

1. Swimming bath, 100 ft. by 30 ft.
2. Turkish and vapour bath.
3. Sun-Ray Treatment.
4. 24 Slipper baths.
5. Establishment laundry.

Queen Street Baths

Built 1932, comprising:—

1. Gala swimming bath, 100 ft. by 40 ft.
2. Family swimming bath 100ft. by 32 ft.
3. Teaching swimming bath, 60 ft. by 24 ft.
4. Finnish Sauna bath.
5. Sun-Ray Treatment.
6. 36 Slipper baths.
7. Establishment laundry.

The Swimming bath water is a blend of Derwent Valley and Little Eaton supplied by the South Derbyshire Water Board.

In both establishments the bath water is constantly being filtered and sterilized. Purification and sterilization are obtained by automatic control of dosing with the necessary chemicals, i.e. liquid chlorine, alkalinity and aluminium sulphate, this keeps the water in all pools in a clear sparkling condition.

To ensure the pool water is chemically safe, samples are taken every two hours and are analysed by trained operators for:—

1. Chlorine residual.
2. Ph value.
3. Bi-carbonate alkalinity.

“Breakpoint” chlorination is constantly maintained ensuring the immediate extermination of all bacteria, together with clear sparkling and attractive water and odour free bath halls.

X—ENVIRONMENTAL HEALTH

By MR. R. DAVIES, *Chief Public Health Inspector.*

GENERAL

It has been my unfortunate experience in each of my previous annual reports to have to apologise for the chronic shortage of Public Health Inspectors on our establishment over far too long a period. Besides minimising the throughput of work and reducing the general efficiency of the Department this staff problem also had the effect of lowering the general morale of the existing staff, who, despite the continuous restrictions and difficulties of shortage of numbers, nevertheless, concentrated with commendable application on the principal priorities of environmental hygiene. 1968 has, however, transformed this overlong period of pessimism and frustration and the whole section became activated with renewed energy and enthusiasm. The three principal reasons probably for this welcome change of circumstance were firstly, the coming into operation of the new extended Borough which increased the population by nearly 100,000 and the total acreage by two and a half times. This obviously posed tremendous problems and most ambitious targets for our section to resolve. Secondly, the municipal elections produced a complete change of Council control. This change coincided with coming into operation of the extended Borough, a responsibility which the new Council accepted with full determination to justify the decision of extension. Thus, when realistic proposals were put forward for the essential revision of our establishment in order to recruit new staff and also retain existing staff to cope with the vast amount of extra work entailed by the extended Borough, these were readily accepted and implemented and it is most satisfying to be able to report that a full establishment of public health inspectors were soon in operation for the first time in the department for very many years. With this dramatic change in our staff position came the enthusiastic approval of the Council for 10 year programmes for the completion of the Borough's slum clearance problems, a completed survey of which revealed upwards of 6,500 unfit houses, and also the smoke control of the whole of the extended Borough. By the end of the year, the chronological programmes for both these undertakings had been approved by the Council and the machinery for their implementation geared into full action. Thirdly, but not necessarily the least, the transfer of the whole of the Health Department staff, now very much increased to meet the demands of the enlarged Borough to a new block of modern offices, provided working conditions and amenities which were readily conducive to higher staff enthusiasm and efficiency.

With the size of the Borough being so vastly increased, it became necessary to deploy the inspectorial staff to the best advantage and to minimise the amount of time wasted on travelling. For this purpose the town was divided into four divisions, each with a section of staff under the general direction of a senior inspector, and each section being responsible for all environmental duties within its division. The priority responsibilities of slum clearance and smoke control were still retained by the same senior inspectors as in previous years. The response to this delegation of additional responsibility, particularly from the senior inspectors has been most encouraging and heartening. The obvious increase in field work by our inspectorial staff necessitated a vast amount of extra work from the clerical staff who responded to every demand with commendable effort. For their ready response and willing co-operation during this eventful and demanding year I would express my sincere thanks all inspectorial, technical and clerical staff for their unfailing support. My thanks are also extended to the Chairman of the

Health Committee for his enthusiastic interest and drive in the Department, and also to all members of the Committee who by their considerate support throughout the year provided the encouragement and incentive necessary to maintain a consistent standard of efficiency within the Department.

HOUSING

Slum Clearance

1968 could probably be termed a red letter year as far as slum clearance in Derby is concerned. It was the year in which the new Council of the enlarged Borough gave us the go-ahead after some twelve months of inactivity in this part of our housing duties. Inspections recommenced in April and were made coincidentally with the completion of the survey of the older house of the town and by the end of the year just over 400 houses had been included in clearance areas.

The Survey revealed that something like 6,500 houses were unfit and the Council approved a ten year clearance and rehousing programme. In order to keep abreast of this programme we shall have to represent up to 750 houses per annum. We shall soon be dealing with better categories of houses, and the close consideration which this will entail in implementing this vast scheme will impose heavy pressure on the public health inspectorate.

A direct result of the publicity given to the Council's proposals, plus the extension of the Borough boundary has been the huge increase in the number of enquiries made by persons interested in buying or selling older houses. The work involved in answering and recording these enquiries is very necessary but also very time consuming—in the last three months of the year they averaged 40 per day.

House Improvement

Standard grant applications continued to come in at a steady rate of 250 per year of which about 40% related to tenanted dwellings and the year end saw a renewed interest in the conversion of larger house into flats. Previously enquirers in connection with discretionary grants for conversion had lost interest when they realised rents would be subject to control for three years, but it now seems that that gross values assessed by the Inland Revenue have the effect of giving very reasonable rental returns.

No further improvement areas were declared during the year but following the publication of the White Paper 'Old Houses into New Homes' the council asked the Ministry of Housing and Local Government whether the proposed new grants for environmental improvement would be forthcoming for any improvement areas made in the interim period. No definite affirmation was received but an area of nearly 400 houses has been proposed and it is hoped to proceed with this pilot scheme both in relation to the individual houses and the environment as soon as the Housing Bill becomes law. In this connection perhaps I should go on record as expressing my disappointment over the proposed repeal of the compulsory provisions which we have used so successfully in our two improvement areas. I feel sure local authorities will find the proposed new arrangements far less satisfactory and certainly, based at they will be on persuasion, they will consume more time of scarce professional and technical skills.

House Purchase and Housing Act, 1959

Improvement Grants

STANDARD GRANTS.

1. No. of applications approved:—
 - (a) Owner-Occupier 121.
 - (b) Tenanted Houses 83.

2. No. of dwellings improved:—
 (a) Owner-Occupier 112.
 (b) Tenanted Houses 94.

3. Amount paid in grants £24,451 7s. 5d.

4. Average grant per dwelling £118 13s. 11d.

5. Amenities provided:—

(a) Fixed bath or shower	...	...	...	...	...	167
(b) Wash hand basin	...	...	...	...	...	183
(c) Hot water to any fittings	...	...	...	...	...	184
(d) Water closets (1) within the dwelling	...	...	...	...	...	198
	(2) accessible from the dwelling	...	...	...	...	—
(e) Food store	...	...	...	...	...	176

DISCRETIONARY GRANTS.

Improvements.

1. No. of applications approved —.
 2. No. of applications rejected —.
 3. No. of dwellings improved (a) Owner-Occupied —.
(b) Tenanted —.
 4. Amount paid in grants for improvement of dwellings —.
 5. Average grant paid per improved dwelling —.

Conversions

6. No. of applications approved 1.
 7. No. of applications rejected 1.
 8. No. of dwellings provided by conversions 2.
 9. Amount paid in grants for conversions £378 10s. 9d.
 10. Average grant per dwelling provided £189 5s. 5d.

Housing Act, 1964

Improvement Areas

Dwellings outside Improvement Areas

Circular No. 54/55 of Ministry of Housing and Local Government Advice to Intending House Purchasers

As a result of the above circular and official notices in the local press, 7,201 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

Housing Act, 1957

Beyond Repair (Individual Houses)

Number of undertakings accepted (Section 16)	—
Number of closing orders made (Section 17)	1
Number of demolition orders made (Section 17)	8

Number of closing orders made (Section 18)	...	...	...	...	...	—
Number of houses demolished following demolition orders	...	...	...	...	...	19
Number of people displaced (a) individuals	...	...	...	...	...	11
(b) families	...	...	...	...	...	4

Clearance Areas

Represented during year: —

1. Number of areas	...	...	...	...	...	13
2. Houses unfit for human habitation	...	...	...	...	...	378
3. Houses included by reason of bad arrangement, etc.	...	...	...	...	...	—
4. Number of people to be displaced	...	...	...	...	...	1,034

Action taken during the year: —

1. Houses demolished by local authorities or owners	...	...	...	...	...	88
(a) unfit	...	...	...	...	...	1
(b) others	...	...	...	...	...	—
2. Number of people displaced	...	...	...	...	...	851
(a) individuals	...	...	...	...	...	294
(b) families	...	...	...	...	...	—

Rent Act, 1957

Applications for Certificate of Disrepair

1. Number of applications	...	...	...	...	...	4
2. „ „ decisions not to issue certificate	...	...	...	...	...	—
3. „ „ certificates issued	...	...	...	...	...	—
4. „ „ undertakings given by landlords under paragraph 5, first schedule	...	...	...	...	...	4
5. „ „ undertakings refused by local authority	...	...	...	...	...	—

Applications for Cancellation of Certificate

1. By landlords to local authority for cancellation	...	...	...	...	...	—
2. Objections by tenants to cancellation	...	...	...	...	...	—
3. Certificates cancelled by local authority	...	...	...	...	...	—

Houses in Multiple Occupation

1. Total number of houses known to be in multiple occupation	...	...	...	...	...	169
2. Number of houses on which notices of intention have been served for	...	...	...	...	...	—
(a) Management Orders (Section 12)	...	...	...	...	...	2
(b) Directions on overcrowding (Section 19)	...	...	...	...	...	15
3. Number of houses on which have been made	...	...	...	...	...	—
(a) Management Orders	...	...	...	...	...	1
(b) Directions on overcrowding	...	...	...	...	...	12
4. Number of notices served	...	...	...	...	...	—
(a) to make good neglect of proper standards of manage- ment (Section 14)	...	...	...	...	...	1
(b) to require additional services or facilities (Section 15)	...	...	...	...	...	4
(c) where work has been carried out in default	...	...	...	...	...	—
5. Number of prosecutions since passing of Housing Act, 1961, in respect of	...	...	...	...	...	—
(a) Management	...	...	...	...	...	5
(b) Directions	...	...	...	...	...	30
(c) Overcrowding (Section 90, Housing Act, 1957)	...	...	...	...	...	—
6. Number of control orders made (Housing Act, 1964)	...	...	...	...	...	—

7. Number of control orders terminated
 8. Details regarding separate occupancies in houses in multiple occupation—

No. of Houses with following number of separate occupancies	2	3	4	5	6	7	8	9	10	11	12	over 12
	74	42	22	15	9	3	4	—	—	—	—	—

The following information is supplied by MR. E. H. GREGORY,
Director of Housing.

Number of Dwellings provided by Derby Corporation and let on weekly tenancy

Number of dwellings provided by Derby Corporation, including those taken over from Rural Districts of Belper, Repton and South East Derbyshire following the Boundary extension on the 1st April, 1968 and let on weekly tenancy.

HOUSING STATISTICS AT 31ST DECEMBER, 1968

By Derby Corporation ...	...	...	...	...	...	...	17,910
From Belper R.D.C. ...	...	...	...	...	...	...	257
From Repton R.D.C. ...	...	...	...	...	...	...	82
From South East Derbyshire R.D.C. ...	...	...	...	...	...	...	2,519
						Total	...
						20,768	

Classification:—

One bedroom ...	...	...	...	...	...	...	1,625
Two bedrooms ...	...	...	...	...	...	...	4,666
Three bedrooms ...	...	...	...	...	...	...	14,260
Four bedrooms ...	...	...	...	...	...	...	217
						Total	...
						20,768	

Number of dwellings built in 1968 for Derby Corporation ...	...	568
By other persons or bodies within the Borough ...	...	556

INSPECTIONS AND NOTICES

The Department received 2,836 complaints during the year, chiefly relating to housing disrepair and 5,164 visits and inspections were made.

COMMON LODGING HOUSES

Number on Register ...	...	...	...	...	...	...	3
Number of rooms registered for sleeping ...	...	...	...	...	...	...	38
Number of lodgers provided for ...	...	...	...	...	...	...	259

OFFENSIVE TRADES

The following offensive trades are carried on in the Borough:—

Rag and Bone Dealer ...	...	...	...	...	...	...	3
Tripe Boiler ...	...	...	...	...	...	...	1

ATMOSPHERIC POLLUTION

Nationally the most important feature of 1968 has possibly been the passing of a new Clean Air Act which, when fully in operation will give a more adequate control over chimney heights, will place obligations for preventing or minimising grit and dust emissions on a wider range of installations and will make it an

offence to deliver or to use coal in a smoke control area except for use on an exempted appliance. The Act also enables the Minister of Housing and Local Government to require local authorities in black areas to carry out smoke control programmes.

Before this new act was passed, however, a very considerable acceleration of the smoke control activities in Derby had already been put forward from the Health Committee and approved by the Council. This not only affected the need for a more concentrated attack on domestic smoke but also took into account the very much larger job to be tackled as a result of Borough extension. The published programme based on Electoral Wards, would make Derby one complete smoke control area by 1979.

Progress is less spectacular in the industrial field since most of the gross pollution has already been dealt with. The position, nevertheless, continues to improve.

The April to September figures for the Standard Grit Deposit Gauges under the latest system of recording are included. In the 1969 Annual Report it should be possible to give a full year. The figures for the Daily Volumetric Filters are appended and a further instrument has been added.

Measurement of Atmospheric Pollution

Average figures from the Standard Grit Deposit Gauges for the Summer Period are as follows:—

	Apr.	May	June	July	Aug.	Sept.	Summer Average
Central Bus Station	74	121	97	46	87	146	95
Technical College	44	130	157	30	67	—	86
Markeaton Park	35	39	16	18	16	51	29
B.R. Staff College	42	109	40	40	66	59	59
E.M.G.B. Pump House	47	81	53	34	39	87	57
C.W.S. Warehouse	42	125	30	33	93	114	73
City Hospital	45	75	20	154	44	113	75

All the above figures are for mg/m²/day.

DAILY VOLUMETRIC FILTER READINGS RESULTS IN MICROGRAMMES PER CUBIC METRE

1968	AVERAGE FIGURES							
	Pear Tree Police Station		Normanton Clinic		Rolls-Royce Foundry		Victory Road	
	Smoke	Sulphur	Smoke	Sulphur	Smoke	Sulphur	Smoke	Sulphur
January	222	233	86	137	149	312	172	210
February	194	278	118	200	116	526	141	236
March	99	154	65	121	69	214	67	122
April	93	137	41	93	79	201	74	141
May	76	123	28	99	49	223	57	111
June	46	84	30	73	65	222	44	84
July	38	78	27	66	52	190	38	77
August	40	72	19	52	*	*	35	73
September	61	91	34	66	59	272	53	79
October	106	146	54	111	99	180	89	121
November	156	223	100	148	60	553	121	104
December	226	229	107	181	64	417	143	154

*Figures not available.

THE NOISE ABATEMENT ACT, 1960

The number of actual complaints received during the year was not very large and of these only a few could be dealt with under the Noise Abatement Act, 1960. There was, however, plenty of evidence of an increasing concern about noise and a growing conviction on the part of more and more people that noise has an adverse effect upon their well-being. The full results of the impact of noise generally are difficult to assess and it may well be that though people feel irritated, they themselves would find it difficult to define the extent of the repercussions since the manifestations are rarely either dramatic or spectacular. Greater efforts are needed to give wider publicity to the mounting and by no means melodious background of sound, which is now an accompaniment of our daily lives, and also to make people conscious of the need for precaution against an intrusion which advances so unobtrusively. It might almost be said that our general noise grows so quietly that scarcely anybody hears it happening. Realisation of the problem and a readiness to prevent noise are the essential requirements. Against what has been said it must be conceded that there seem to be certain sections of the community who recoil from turning off the din with the risk of hearing themselves think.

During the year, attention was drawn on a number of occasions to the use of mufflers on road breakers. Approved types of such mufflers are now available which can be readily fitted to pneumatic drills without noticeable reduction of efficiency, and it would seem that all local authorities themselves should set an example in this direction by applying this practice to their own operational departments. Similarly contracts with outside firms involving the use of pneumatic drills should contain a clause insisting on the use of suitable mufflers where necessary.

In my report last year I emphasised the point that the general problem of noise nuisance is a comparatively new field of activity which requires technical knowledge and experience for which many of our profession have not received adequate training and that local authorities have a responsibility to ensure that officers responsible for dealing with this problem acquire this knowledge and training by being allowed to attend available courses of instruction for this purpose. I again take this opportunity to stress this point, as I have no doubt that this issue of abatement of noise will become more vitally necessary, and at the same time more and more difficult to resolve.

FACTORIES ACT, 1961

There are 591 mechanical and 49 non-mechanical factories including bakeries, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

Premises		Number of		
		Inspections	Written Notices	Prosecutions
Factories without mechanical power		12	-	-
Factories with mechanical power		105	-	-
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)		-	-	-
TOTAL		117	-	-

Defects Found

Particulars	Number of Defects				Number of Prosecutions	
	Found	Remedied	Referred			
			To H.M. Insp.	By H.M. Insp.		
Want of cleanliness	-	-	-	-	-	
Overcrowding	-	-	-	-	-	
Unreasonable temperature	-	-	-	-	-	
Inadequate ventilation	-	-	-	-	-	
Ineffective drainage of floors	-	-	-	-	-	
Sanitary Conveniences-						
(a) insufficient	-	I	-	I	-	
(b) unsuitable or defective	-	2	-	3	-	
(c) not separate for sexes	-	-	-	-	-	
Other offences against the Act (not including offences relating to out-work)	-	-	-	-	-	
TOTAL	-	3	-	4	-	

Offices, Shops and Railway Premises Act, 1963

The number of premises registered at the end of the year was 1,903 compared with 1,557 at the end of 1967. There were 452 additions to the register and 106 deletions, mainly due to premises changing ownership and found during the course of re-inspections. The number of persons employed in registered premises increased during the year from a total of 15,648 to 17,837.

During the year 952 visits were made to registered premises in connection with the enforcement of the Act and 479 letters were sent pointing out contraventions of the Act. A summary of the contraventions found during visits is appended below:—

Sanitary Accommodation .. .. ..	...	...	...	...	162
Washing Facilities .. .. ..	...	...	...	...	102
First Aid kit Deficiencies .. .. ..	...	...	...	...	107
Cleanliness .. .. ..	...	...	...	...	61
Lighting .. .. ..	...	...	...	...	30
Ventilation .. .. ..	...	...	...	...	28
Eating Facilities .. .. ..	...	...	...	...	5
Heating and other Temperature Contraventions .. .. ..	...	...	...	...	115
Overcrowding .. .. ..	...	...	...	...	—
Clothing Accommodation .. .. ..	...	...	...	...	17
Posting of the Abstract of the Act .. .. ..	...	...	...	...	139
Defective passages, floors and stairs .. .. ..	...	...	...	...	101
Machinery .. .. ..	...	...	...	...	18
Sitting Facilities .. .. ..	...	...	...	...	6
Seats (Sedentary workers) .. .. ..	...	...	...	...	1

54 accidents were reported during the year as required by Section 48 of the Act. These were mainly due to falls of persons and accidents occurring during handling of goods.

During the year initial inspection of premises was completed and a start made in revisiting to ascertain the degree of compliance. These re-inspections have so far revealed that the majority of work required to remedy the original contraventions has been carried out.

SEWERAGE

The following information is supplied by MR. W. G. PENNY,
Borough Enginner and Surveyor.

New Sewers laid during the year

Culvert No. 2: Contract No. 7

9"	Surface Water	...	...	...	...	...	984	lin. yds.
12"	Surface Water	...	...	...	...	...	262	" "
15"	Surface Water	...	...	...	...	...	165	" "
18"	Surface Water	...	...	...	...	...	677	" "
21"	Surface Water	...	...	...	...	...	308	" "
24"	Surface Water	...	...	...	...	...	335	" "
27"	Surface Water	...	...	...	...	...	297	" "
30"	Surface Water	...	...	...	...	...	215	" "
33"	Surface Water	...	...	...	...	...	608	" "
36"	Surface Water	...	...	...	...	...	76	" "
39"	Surface Water	...	...	...	...	...	535	" "
42"	Surface Water	...	...	...	...	...	349	" "
51"	Surface Water	...	...	...	...	...	10 $\frac{2}{3}$	" "

Sunny Hill Avenue: S.W. Relief Sewer

9"	Surface Water	...	...	...	...	...	247	lin. yds.
12"	Surface Water	...	...	...	...	...	481	" "
39"	Surface Water	...	...	...	...	...	16	" "
48"	Surface Water	...	...	...	...	...	32	" "
51"	Surface Water	...	...	...	...	...	99	" "
60"	Surface Water	...	...	...	...	...	239 $\frac{1}{2}$	" "
63"	Surface Water	...	...	...	...	...	454	" "
66"	Surface Water	...	...	...	...	...	14	" "
24"	Foul	...	...	...	...	...	37	" "
48"	Foul	...	...	...	...	...	18 $\frac{1}{2}$	" "

Ascot Drive

12"	Foul	326	lin. yds.
-----	------	-----	-----	-----	-----	-----	-----	-----------

Haslam's Lane

12"	Foul	514	lin. yds.
-----	------	-----	-----	-----	-----	-----	-----	-----------

Sunny Hill Drainage Relief

24"	Foul	...	...	...	...	...	37	lin. yds.
48"	Foul	...	...	...	...	...	18 $\frac{1}{2}$	" "

Warwick Avenue/Manor Road/Burton Road Junction Improvement

6"	Surface Water	325	lin. yds.
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St. Mark's Road Re-development Scheme

6"	Surface Water	358	lin. yds.
12"	Surface Water	58	" "
9"	Foul	...	...	...	...	...	57	" "

Ashbourne Road

6"	Surface Water	15	lin. yds.
9"	Surface Water	563	" "

Meadows Service Road

9"	Surface Water	376	lin. yds.
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Culvert No. 2: Contract No. 7

Surface Water	64	No.
---------------	-----	-----	-----	-----	-----	----	-----

Sunny Hill Avenue: S.W. Relief

Surface Water	18	No.
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WATER SUPPLY

The following information is supplied by Mr. I. G. Edwards, Engineer and General Manager, South Derbyshire Water Board:—

1. The water supplied to the area has been adequate in quantity and generally satisfactory in quality.
 2. Regular examination has been made both of raw and treated waters. A total of 154 bacteriological, 11 chemical and 150 partial chemical samples were taken from consumers' premises during the year, and of the 154 bacteriological samples only six showed coliforms. Repeat samples were found to be coliform-free. The undermentioned analysis is typical of the water supplied to the Borough.

The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with a treated water supply received from the Derwent Valley Water Board. The local water is filtered and sterilised at the Little Eaton Works. The fluoride content of the Little Eaton water varies between 0.40 p.p.m. and 0.60 p.p.m. and of the Derwent Valley water is 0.15 p.p.m.
 3. None of the water as supplied to the consumers is liable to plumbo solvent action.
 4. All water is chlorinated before passing into supply.
 5. There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 73,435 in the Borough, are supplied with water by the Board.

Water Used during the year 1968

Supply

Number of gallons of water supplied to S.D.W.B.

Area from Public Supply 10,678,998,000

Number of gallons per day per head of population ...

Percentage of total quantity from Derwent Valley supply 47.45%

Typical Analysis of Derby Town Supply

SOURCE Little Eaton Infiltration Tunnels and Derwent Valley Water

(a) Physical Examination:

Colour (Hazen)	...	...	...	...	...	...	...	<5
Turbidity (Silica Scale)	...	...	...	...	...	...	...	<1.5
Taste	...	...	...	...	...	...	...	Normal
Odour	...	...	...	...	...	...	...	Nil

(b) Chemical Analysis:

pH	...	...	...	...	...	...	...	7.90
Electrical Conductivity at 20° C.	...	...	...	...	...	...	...	3.04
Residual Chlorine:—								Parts per Million.
Free	...	...	...	...	...	...	...	—
Monochloramines	...	...	...	...	...	...	...	—
Di Chloramines	...	...	...	...	...	...	...	—
Total	...	...	...	...	...	...	...	0.02
Free and Saline Ammonia as N	...	...	...	...	...	...	...	<0.01
Albuminoid Ammonia as N	...	...	...	...	...	...	...	<0.01
Nitrite Nitrogen as N	...	...	...	...	...	...	...	<0.001
Nitrate Nitrogen as N	...	...	...	...	...	...	...	0.74
Oxygen absorbed from Permanganate in four hours at 27°C.	...	...	...	...	...	...	...	0.60
Dissolved Oxygen	...	...	...	...	...	...	...	10.1
B.O.D.	...	...	...	...	...	...	...	—
Free CO ₂	...	...	...	...	...	...	...	1.5
Total Alkalinity (CaCO ₃)	...	...	...	...	...	...	...	—
Hardness as CaCO ₃ :—								
Temporary	...	...	...	...	...	...	...	66
Permanent	...	...	...	...	...	...	...	64
Total	...	...	...	...	...	...	...	130
Calcium Hardness (CaCO ₃)	...	...	...	...	...	...	...	—
Magnesium Hardness (CaCO ₃)	...	...	...	...	...	...	...	—
Total Solids (dried at 180°C.)	...	...	...	...	...	...	...	188
Suspended Solids (dried at 105°C.)	...	...	...	...	...	...	...	—

(c) Mineral Analysis:

Calcium as Ca	...	...	...	...	...	40.4
Magnesium as Mg	...	...	...	...	...	7.0
Sodium as Na	...	...	...	...	...	16.4
Potassium as K	...	...	...	...	...	2.2
Iron as Fe	...	...	...	...	...	0.12
Manganese as Mn	...	...	...	...	...	0.03
Copper as Cu	...	...	...	...	...	<0.05
Lead as Pb	...	...	...	...	...	<0.05
Zinc as Zn	...	...	...	...	...	<0.05
Aluminium as Al	...	...	...	...	...	0.11
Silica as SiO ₂	...	...	...	...	...	7.0
Sulphates as SO ₄	...	...	...	...	...	53.0
Chlorides as Cl	...	...	...	...	...	3.1
Fluorides as F	...	...	...	...	...	0.22
Phosphates as PO ₄	...	...	...	...	...	—
Nitrate as NO (calculated)	...	...	...	...	...	3.3

REFUSE COLLECTION AND DISPOSAL

The following statistics are supplied by MR. C. V. ROBERTS, *Director of Public Cleansing*:—

Weight of Refuse dealt with

House and Trade Refuse collected ...	...	...	...	58,150 tons.
Trade Refuse brought in ...	...	...	...	7,734 tons.
				<hr/> <hr/> 65,884 tons.

Salvage extracted from Refuse and sold

Tins ...	334 tons	Paper and Card ...	84 tons
Iron ...	8 tons	Non Ferrous Metal	2 tons
Textiles ...	1 ton	Cinders ...	6 tons
Food Waste ...	140 tons		

Ashbins provided

Corporation Houses ...	...	...	...	...	...	1,444
Other Corporation Departments	...	...	...	...	...	38
Private Owners ...	...	...	...	...	...	118
						<hr/> 1,600

Refuse Collection by the paper sack method is now operated for 615 premises, paper sack holders having been provided to an additional 523 premises during the year.

Vehicles used for Cleansing Purposes

Collection of Refuse and Salvage	...	...	...	...	...	33
Disposal of Refuse:—						
Bulldozer Shovel	...	...	...	...	...	1
Mechanical Shovel	...	...	...	...	...	1
Lorry	...	...	...	...	...	1
Street Sweeping and Watering:—						
Landrover	...	...	...	...	...	1
Lorry	...	...	...	...	...	1
Mechanical Gully Emptiers	...	...	...	...	...	4
Mechanical Sweeping Machines	...	...	...	...	...	2
Mechanical Suction Sweepers	...	...	...	...	...	5

Prevention of Damage by Pests Act, 1949

During the year a total of 1,426 infestations of rats and mice were dealt with at dwelling houses in the Borough, 428 at business premises and also 131 infestations at Corporation surface properties.

MEAT INSPECTION

The inspection of all animals intended for human consumption and slaughtered within the Borough has been maintained during the year. Every assistance is given to the meat inspectors in the discharge of this duty by the persons on whose behalf the animals are slaughtered with the result that abnormal working hours are reduced to a minimum.

The total number of animals slaughtered within the Borough during 1968 was 49,896 and showed a decrease of 527 on the previous year.

The incidence of disease found in the course of meat inspection is maintained at its low level.

Carcases Inspected and Carcasses Condemned during 1968

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number Killed	7,861	2,420	185	22,437	16,993
Number Inspected	7,861	2,420	185	22,437	16,993
<i>All Diseases except Tuberculosis:</i>					
Whole carcasses condemned	1	6	3	29	11
Carcasses of which some part or organ was condemned.. ..	1,273	1,160	1	839	699
Percentage of the number inspected affected with disease other than tuberculosis	16.20	48.18	2.16	3.87	4.17
<i>Tuberculosis only:</i>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned.. ..	-	22	-	-	-
Percentage of the number inspected affected with tuberculosis	-	0.99	-	-	-
<i>Cysticerci only:</i>					
Whole carcasses condemned	-	-	-	-	-
Carcasses of which some part or organ was condemned.. ..	9	2	-	-	-
Percentage of the number affected with Cysticerci	0.11	0.08	-	-	-

Animals Slaughtered under Government Orders

	<i>Bulls</i>	<i>Cows</i>	<i>Steers</i>	<i>Heifers</i>	<i>Calves</i>	<i>Totals</i>
Tuberculosis Order, 1964	-	41	1	2	1	45
Brucellosis (Accredited Herds) Scheme	-	7	-	-	-	7

Classification of Diseases other than Tuberculosis in whole carcases and parts of carcases condemned

Cattle

		<i>Totally Condemned</i>		<i>Part Condemned</i>	
		<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>
Abscesses and Abscess Adhesions	..	-	-	3	3
Arthritis	..	-	-	-	2
Bone Taint	..	-	-	5	-
Cachexia	..	-	1	-	-
Injury and Bruising	..	-	-	15	21
Moribund	..	-	1	-	-
Oedema, General or with Emaciation	..	1	2	-	-
Pericarditis, Traumatic Septic	..	-	1	-	-
Peritonitis	..	-	-	-	1
Pleurisy	..	-	-	-	1
Tumours, Malignant	..	-	1	-	-
TOTALS ..	..	1	6	23	28

Sheep

		<i>Totally Condemned</i>		<i>Part Condemned</i>	
		<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>
Abscesses and Abscess Adhesions	..	-	-	16	
Arthritis	..	-	-	7	
C. Ovis, Generalised	..	1	-	-	
Fever	..	1	-	-	
Gangrene	..	-	-	1	
Injury and Bruising	..	-	-	10	
Moribund	..	2	-	-	
Oedema, General or with Emaciation	..	23	-	2	
Pleurisy	..	-	-	3	
Pyaemia	..	1	-	-	
TOTALS ..	..	28		39	

Pigs

		<i>Totally Condemned</i>		<i>Part Condemned</i>	
		<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Cattle excluding Cows</i>	<i>Cows</i>
Abscesses and Abscess Adhesions	..	3	-	65	
Arthritis	..	-	-	69	
Decomposition	..	-	-	2	
Injury and Bruising	..	-	-	64	
Oedema, General or with Emaciation	..	2	-	-	
Pleurisy and Pneumonia	..	1	-	3	
Pyaemia	..	2	-	-	
Peritonitis	..	-	-	1	
Septicaemia	..	3	-	-	
Serious Infiltration	..	-	-	1	
Urticaria	..	-	-	1	
TOTALS ..	..	11		206	

Calves

		Totally Condemned	Part Condemned
Immaturity ..	..	2	-
Injury and Bruising ..	..	-	1
Pyrexia ..	..	1	-
TOTALS ..	..	3	1

Weight of Meat Condemned

The following table gives the weight of meat found to be unfit for human consumption during the course of meat inspection at the slaughterhouses:—

	Tons.	Cwts.	lbs.
Beef ..	2	11	21
Mutton and Lamb ..	—	10	105
Pork ..	1	15	9
Veal ..	—	1	4
Offal ..	17	11	60
Total ..	22	9	87

Arrangements are made for all this meat and offal to be processed for industrial purposes at Nuneaton.

LICENSED SLAUGHTERMEN

New licences granted for 1968	...	...	...	...	...	1
Licences renewed for 1968	...	...	...	...	...	43

GENERAL FOOD INSPECTION

The wholesale provision stores and wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption:—

	Tons	Cwts.	lbs.
Meat at wholesale premises ..	—	8	83
Meat at retail shops ..	1	8	91
Cooked meat and meat products ..	—	14	25
Canned meats ..	1	0	22
Other canned foods ..	1	0	24
Fish (fresh) ..	—	6	1
Fruit and Vegetables (fresh) ..	9	2	87
Other foods ..	1	5	11

MILK SAMPLING

Designation of Milk	Number of Samples taken and Results								
	Phosphatase		Methylene Blue			Turbidity		Colony Count	
	Passed	Failed	Passed	Failed	Not carried out owing to shade temperature exceeding 65 F.			Passed	Failed
Pasteurised ..	130	—	125	5	—	—	—	—	—
Sterilised ..	—	—	—	—	—	33	—	—	—
Untreated ..	—	—	—	—	—	—	—	4	—

Brucella Abortus

During the year no untreated milk was retailed in the Borough, consequently no samples have been submitted for examination.

MILK LICENSING

The Milk and Dairies (General) Regulations, 1959

Number of distributors on register, year ending 1968	...	...	21
Number of dairy premises on register, year ending 1968	...	...	4

The Milk (Special Designation) Regulations, 1963

UNTREATED MILK—No. of Dealers on register, year ending 1968	...	...	5
PASTEURISED MILK—No. of Dealers (Pasteurisers) on register, year ending 1968	3

No. of Dealers on register, year ending 1968	168
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STERILISED MILK—No. of Dealers on register, year ending 1968	143
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ICE CREAM

The number of premises registered for the manufacture, storage and sale of Ice Cream under Section 16 of the Food and Drugs Act, 1955, is as follows:—

Number of new premises registered for sale only during the year	32
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Number of premises registered for manufacture and sale at the end of year	6
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Number of premises registered for sale only at end of year	671
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Applications have been received from wholesale food warehouses for registration of their premises for the storage and sale of pre-packed ice-cream to intending retailers. Whilst the method of storage at these premises was found to be satisfactory, some concern is felt at the time lag which could occur between the refrigerator at these premises and those at the retail premises. Storage facilities in many of the vehicles used by retailers for collecting their ice-cream from the wholesale premises are often far from satisfactory and I can visualise many instances, particularly during the Summer months, where retailers could contravene Regulation 6(b) and (c) of the Ice Cream (Heat Treatment) Regulations, 1959 without knowledge of having done so.

It would appear that the practice of the 'cash and carry' principle is likely to grow and to some extent replace the practice of delivery in refrigerated vehicles by the manufacturers to the retail shop. The transport of ice-cream from the manufacturer's factory to the point of ultimate sale to the consumer has today reached a high degree of safety and efficiency. This new trend of using general 'cash and carry' wholesalers premises as distribution depots is obviously dictated by economic needs to reduce distribution of cost to the manufacturers, but it would seem to be a very definite retrograde step to allow ice-cream, after the scrupulous care taken in manufacture, to be transported in stuffy, unventilated and non-descript vehicles, together with various commodities and materials. The time spent in these conditions could vary considerably, depending on distance to be travelled, traffic delays and the number of other calls made by the retailer prior to returning to his premises. Under the existing legislation it does not seem possible to refuse registration of these wholesale premises where the facilities satisfy the legal requirements. It is when the ice-cream leaves these premises in the various retailers' vehicles that control becomes difficult and contraventions of the Regulations are likely to occur. The wholesalers concerned have agreed to display warning notices

that ice-cream purchased by retailers should again be brought under refrigeration within 15 minutes of departure from the wholesalers refrigerator. However, this would depend on the complete co-operation of the retailers concerned and it is extremely doubtful that 100% compliance would be achieved.

FOOD AND DRUGS ACT, 1955

Food Hygiene (General) Regulations, 1960

	No. of premises	No. fitted to comply with Reg. 16	No. to which Reg. 19 applies	No. fitted to comply with Reg. 19
Butchers' Shops ..	136	113	136	136
Fried Fish Shops ..	58	49	58	58
Catering Premises ..	133	133	133	133
Licensed Premises ..	231	128	231	231
General Food Premises	608	287	478	428
Food Factories ..	23	23	23	23

Due to the improved staff position it has been possible during the latter half of the year to pay more attention to the inspection of food premises than in previous years, and I am pleased to report further improvement in general hygiene conditions. The Food Hygiene Regulations themselves are couched in somewhat general and vague terms but every endeavour has nevertheless been made both by use of the Regulations and also by on-the-spot advice to attain standards higher than the minimum required by the Regulations themselves. I am particularly pleased with the progress made in licensed premises, and with the willing co-operation shown by the various brewery companies.

I am seriously concerned, however, about conditions in some of the smaller snack bar type of establishments which are being set up within the Borough. Often this type of business has been established before it comes to the attention of the Department, and in some cases it has been found that the kitchen areas for the storage and preparation of food are far too small to operate in a satisfactory manner and facilities such as sanitary accommodation for customers have been non-existent. The food preparing areas are often far inferior to what is normally found in a domestic kitchen. The difficulty here is that often these establishments are set up in slum-type property with no opportunity for extension of the kitchen and facilities for storage of food. Usually there is found to be no planning control over the establishment of this type of business and I feel that the present Regulations are not adequate to enable what I consider to be minimum standards to be achieved in some of these premises. This brings me to what must seem to be my perennial plea—that the present legislation should be amended to provide for the prior approval by the local authority before the establishment of any form of catering premises. This is, I feel, long overdue. The establishment of licenced premises is controlled by the Licencing Justices and in the vital interests of the general public I am most strongly of the opinion that a similar control should be exercised by the local authority over the establishment of premises dealing in the provision of meals for consumption on the premises. I also feel that the present regulation could be strengthened and specific conditions laid down governing minimum sizes of kitchen areas and separate provision for food storage.

A feature of modern design in trade premises, particularly in new shopping area developments is the absence of attention paid by Architects and Planners to the provision of adequate and suitable facilities for the storage and disposal of trade refuse, packing materials, etc. These seem to have been sacrificed for the need to provide adequate parking and loading facilities. It is not uncommon to find huge piles of packing materials, cartons and various trade refuse stacked in the open at the rear of the business premises, accessible and open to the public and frequently picked over by small children and animals. Again, another practice which is most undesirable is that where bakery trays—wooden and wire—after use at the particular shop or catering premises are invariably put outside in the open, just leaning against a wall, or often left lying on the ground, where they are open to windblown dust contamination, fouling by dogs, etc. This again is partly attributable to the inadequacy of storage facilities within the premises.

During the year, the usual complaints were received about foreign bodies in foodstuffs, moulds, insects, etc. Each was investigated, and where necessary the manufacturers were invited to examine the particular product complained about, and if possible, to provide an explanation. In this age of automation and mechanisation it is often very difficult to attach any degree of blame to a particular manufacturer for a very remote or inexplicable mechanical failure which could not reasonably have been anticipated or provided for. It would seem that what is reported to be entirely foolproof mechanical equipment is not necessarily so. Faults do occur which are not discovered until found by the eventual consumer.

Whilst it may be accepted that mechanical defects cannot always be prevented, it has to be stressed that some of the complaints received during the year were attributed to a cause that could have been avoided and should never have been allowed to happen—the absence of proper rotation of stocks. This is an indication of sheer bad management and control and it is to be deplored, in this age of wrapping and pre-packaging of food products. In one case, a packet of crisps was sold from a branch store and was found to be at least 16 months old. There was no excuse for this as very legible dates on the packet gave every indication of the time of manufacture of the contents. Had the Branch Manager concerned exercised proper care and control then, that particular packet of crisps would have been disposed of long before it was actually sold.

REPORT OF THE BOROUGH ANALYST

The following Report has been kindly supplied by the Borough Analyst, Mr. J. Markland, B.Sc., F.R.I.C.

Food & Drugs Act, 1955, Summary for the Year 1968

1. During 1968, 335 samples were submitted for analysis under the Food & Drugs Act, 1955. Even based on the former population of the County Borough this represents a low rate of sampling at 2.4 per 1000 population, but based on the population of the expanded County Borough the rate is extremely low at 1.5 per 1000 population. The sampling rate needs to be doubled to give cover comparable with adjacent areas.
2. Eleven samples (3.3%) were classed as adulterated, either because they failed to comply with the relevant legislation or were below normally acceptable quality.
3. Table 1 lists the samples examined and the numbers classed as adulterated.

TABLE 1.

	<i>Formal</i>	<i>Informal</i>	<i>Adulterated or not up to standard</i>	<i>% Adul- terated</i>
Baking Powder	2	
Beef and Egg Noodles	1	
Bicarbonate of Soda	1	
Bacon Grill, canned	1	
Biscuits	6	
Bread	4	
Breakfast Cereals	6	1
Butter	9	
Cake and Pudding Mixtures	2	
Cheese	4	
Cheese, Soft	2	
Cheese Spread	2	
Cheese and Onion Pasties	1	
Cornish Pasties	1	
Chutney	1	
Cocktails	1	
Coffee	2	
Coffee and Chicory	1	
Coffee and Chicory Essence	2	
Coffee Preparations, Dried	5	
Cooking Fats and Oils	3	
Cream	2	
Cream, Canned	6	
Curry Powder	5	2
Custard, Canned	1	
Creamed Horseradish	1	
Dessert, Canned	1	
Dessert Whirl	1	
Drugs: Analgesic Preparations	4	
Aspirin Tablets	2	
Bismuth Tablets	1	
Calcium Lactate Tablets	1	
Cough and Cold Mixtures	5	1
Citric Acid	2	
Expectorants	1	
Glucose Tablets	2	
Glycerine	2	
Health and Liver Salts	1	
Inhalant	1	
Indigestion Tablets	4	
Laxatives	7	1
Linctus	3	
Liquid Paraffin	1	
Tartaric Acid	3	
Tincture of Iodine	2	
Tonic Tablets	1	
Fish Cakes	3	
Fish, Canned	5	
Fish Paste and Spread	2	
Fish, Potted	1	
Fish and Ham Dressing	1	
Flour	1	
Flour, Self Raising	2	
Flavouring Syrup	2	
Fruit, Fresh—Pears	1	
Fruit, Canned	12	
Fruit Juices	5	
Fruit Curd	1	
Fruit Filling, Canned	2	
Golden Raising Powder	1	
Ice Cream	6	
Infant Food	1	

Instant Tea	...	...	...	2		
Instant Coffee Mate	...	...	...	1		
Jam	...	...	...	3		
Jam Roly-Poly, Canned	...	...	...	1		
Jelly Tablets	...	...	...	2		
Lard	...	...	...	1		
Lemon Tea Mix	...	...	...	1		
Margarine	...	...	...	6		
Marmalade	...	...	...	1		
Meat and Meat Products, Canned	...	...	...	11		
Meat Paste	...	...	...	3		
Meat Pies	...	...	...	6		
Milk—General Samples	...	...	...	31		
Milk—Chlorates	...	...	...	4		
Milk, Condensed: Full Cream						
Unsweetened	...	...	...	1		
Skimmed	...	...	...	1		
Milk Powder, Dried	...	...	...	1		
Milk Powder, Dried, Skimmed	...	...	...	2		
Milk Pudding, Canned	...	...	...	1		
Mincemeat	...	...	...	1		
Mustard	...	...	...	1		
Mustard, Prepared	...	...	...	2		
Pepper	...	...	...	3		
Potato Crisps	...	...	...	3		
Pie Filling	...	...	...	2		
Quick-Jel	...	...	...	1		
Sweetening Tablets	...	...	...	3		
Salad Cream and Mayonnaise	...	...	...	3		
Salt	...	...	...	3		
Sauce	...	...	...	1		
Sauce, Tomato	...	...	...	2		
Sausages, Beef	...	...	...	1		
Pork	...	...	...	23	4	
Sausage Meat	...	...	...	1		
Soft Drinks: Ready-to-Drink	...	...	...	12	1	
For dilution	...	...	...	4		
Soup, Canned	...	...	...	6		
Spirits	...	...	...	5		
Sweets	...	...	...	3	1	
Toasty Grills	...	...	...	2		
Tea	...	...	...	4		
Vegetable Rice, Canned	...	...	...	1		
Vegetables, Canned	...	...	...	3		
Vegetables, Dried	...	...	...	1		
Vinegar, Malt	...	...	...	2		
TOTALS	...	...	5	330	11	3.3

4. Milk Samples

31 informal samples were examined for compositional quality and classed as satisfactory based on the presumptive standard of 3.0% Fat and 8.5% Non-fatty-solids.

The average composition of the samples was:—

Fat	3.54%
Non-fatty-solids	8.84%
Total Solids	12.38%

These figures do not represent a true average of Milk sold throughout the year since they were taken during February and May only.

In addition 4 samples were examined for residues of sterilising agents used in cleaning dairy equipment. No residues were found.

5. Samples other than Milk

The unsatisfactory samples are listed in Table 2.

TABLE 2.

<i>Serial No.</i>	<i>Article</i>	<i>Nature of Adulteration</i>
765	Pork Sausages	Preservative present without declaration.
769	Pork Sausages	Preservative present without declaration.
770	Pork Sausages	Deficient in meat. Preservative present without declaration.
772	Pork Sausages	Slightly deficient in meat. Preservative present without declaration.
798	Liver Pills	Deficient in Phenolphthalein.
804	Cold and Influenza Mixture	Unsatisfactory label.
819	Indian Tonic Water	Deficient in Quinine.
B.7	Milk Chocolate Cigarettes	Contained a fat foreign to milk chocolate.
893	Barley Kernels	Deficient in protein. Unsatisfactory label.
1001	Curry Powder	Consisted of Turmeric Powder.
1063	Curry Powder	Consisted of Turmeric Powder.

The Preservative in Food Regulations

Four samples of Pork Sausages contained Sulphur Dioxide Preservative. The Regulations permit the addition of this preservative provided its presence is declared at the time of sale. These samples were sold without the necessary declaration.

All other samples complied with the Regulations.

The Colouring Matter in Food Regulations

There were no infringements.

The Labelling of Food Order

Two samples—Cold and Influenza Mixture and Barley Kernels—were not labelled in accordance with the requirements of the Order.

Pesticide Residues in Food

Four samples of Food were examined for Pesticide residues. All contained traces of pesticides but in each case the amount present was well below the generally accepted limit. The samples are listed below.

<i>Product</i>	<i>Type of Insecticide found.</i>
Pears	DDT. BHC. DDE. Tedion.
Cheese	BHC. Dieldrin.
Cheese	DDE. DDT.
Bread	BHC. DDT. DDE.

6. Complaints

16 samples listed below were submitted for examination.

Lettuce	No pesticide residues found.
Milk (5)	Disinfectant taste probably due to residuals of sterilising agents used in cleaning dairy equipment.
Cosmetic Powder	Consisted mainly of lead sulphide.
Milk	Contained added water.
Pie Filling (2)	Alleged illness. No harmful constituents found.
Curry Powder	Contained a mouse.
Self Raising Flour	Contained small pieces of dried meat.
Ice Lolly	Dark coloured material was due to algal growths.
Butter	Alleged to be Margarine. The sample was Butter.
Milk	Foreign matter consisted of charred milk solids.
Foliage	Atmospheric pollution complaint.

The Cosmetic Powder was an almost black powder containing 82.5% of lead in the form of lead sulphide.

Although there is no statutory limit for the lead content of cosmetics sold in this country, no reputable manufacturer would market a product of this composition. In my opinion the use of lead sulphide as a cosmetic is dangerous and its sale for such purposes should be stopped.

7. Miscellaneous

A sample of water taken from a cellar was examined in an effort to trace the source.

Five samples of Spices were submitted for investigational work following the unsatisfactory samples listed in Table 2.

8. Fertilisers and Feeding Stuffs Act

64 informal samples were submitted for examination—20 Feeding Stuffs and 44 Fertilisers. There were 9 contraventions of the Regulations.

Poultry Food	Contained excess protein.
Compound Fertiliser	Constituents inaccurately declared.
Compound Fertiliser	Contained excess Nitrogen. Deficient in Phosphoric Acid.
Compound Fertiliser	Excess Insoluble Phosphoric Acid.
Compound Fertiliser	Deficient Soluble Phosphoric Acid. Excess Insoluble Phosphoric Acid.
3 Compound Fertilisers	Each contained excess Nitrogen.
Compound Fertiliser	Contained excess Potash.

Legal Proceedings taken during the year ending December, 1968

<i>Date</i>	<i>Offence</i>	<i>Result</i>
8/ 4/68	Exceeding the permitted number in the premises. (Housing Act, 1961 Section 19) (2).	Fined £5.
6/ 6/68	Exceeding the permitted number in the premises. (Housing Act, 1961 Section 19) (2).	Fined £5.
20/ 8/68	Exceeding the permitted number in the premises. (Housing Act, 1961 Section 19) (2).	Conditionally discharged for period of 12 months.
10/10/68	Exceeding the permitted number in the premises. (Housing Act, 1961 Section 19) (2).	Fined £10.
18/11/68	Selling curry powder not of the substance demanded, but containing a mouse. (Section 2 Food and Drugs Act, 1955).	Fined £25. Advocate's fee £4 4. 0. Witnesses costs £6. 0. 0. <hr/> £35. 4. 0.
11/12/68	Exceeding the permitted number of occupants in the house. (Housing Act, 1961 Section 19) (2).	Fined £5.

INDEX

After-Care—Mental	90	Factories Act, 1961	127
—Physical	79	Family Planning	107
Ambulance Service	118	Fertilisers & Feeding Stuffs Act, 1926	142
Analyst's Report	138	Food and Drugs Act, 1955	137
Atmospheric Pollution	125	Food Inspection	135
Attendances—Ante-Natal Clinics	22	Food Preparing Premises	136
—Children's Clinics 46–48		Free Meals for School Children ...	51
—Day Nurseries	34		
—Post-Natal Clinics ...	22		
—Child Health Centres 24			
 Births—Live	11, 20, 22, 23	Guardianship and Supervision of Mentally Subnormal ...	99
—Still	11, 23		
—Institutional	16, 20–26		
Burials	13		
 Cancer	12, 19, 73		
Census Figures	11	Handicapped Pupils	52, 54
Child Health Centres	24	Health Visiting	26–32
Child Guidance—Psychiatrist's Report	49	Home Help	111
Children of Pre-School Age	26	Home Nursing	105
Chiropody	109, 117	Housing	11, 12, 16, 122
Clinics—Ante-Natal	22	Housing Act, 1959. Standard Grants 122	
—Child Guidance	49		
—Children's	24		
—Dental	38–42	Ice Cream	136
—Post-Natal	22	Immunisation	65
—School	46–49	Infantile Mortality	11, 17
—Speech Therapy ...	48	Infectious Diseases	65
Committees	5, 6	Infestation with Vermin	59, 61
Common Lodging Houses	125	Inquests	13
Congenital Abnormalities	29	 Junior Training Centre	99
Consumer Complaints	142		
Convalescence	103		
Cremation	112		
 Day Nurseries	34–37	Malaria	73
Deaths	11–19	Marriages	11, 15
Defects in School Children ...	45	Mass Radiography	59, 81
Dental Inspection	38–42	Maternal Mortality	11, 17, 22
Dental Services	38	Maternity and Child Welfare 20–37	
Dental Treatment	39–42	Meat Inspection	132
Derby Diocesan Council for Social Work ...	33	Medical Aid	21
Derwent Hospital (Admissions and Discharges) ...	74	Medical Inspection	45, 62
Diphtheria	65	Mental Health	84
Diphtheria, Whooping Cough and Tetanus Prophylaxis ...	65	Mental Health Act, 1959 ...	84
Dysentery	70	Midwifery	20–26
 Epileptics	113	Milk	140
Equipment for Home Nursing ...	105	Mortuary	13
Exfoliative Cytology	105	 National Health Service Act, 1946 84	
		Noise Abatement Act, 1960 ...	127
		Notifications—	
		—Maternity & Child Welfare 20	
		—Infectious Disease ...	73
		—Tuberculosis ...	78
		 Occupational Therapy	108
		Offensive Trades	125
		Offices, Shops & Railways Premises	
		Act	128
		Orthodontics	39

INDEX—continued

Poliomyelitis	... ... ..	72	Speech Therapy	... ..	48, 64
Population	... ..	11	Staff	... ..	7-10
Premature Infants	... ..	23-24	Statistical Summary	... ..	11
Prevention of Damage by Pests Act 1949	... ..	132			
Priority Dental Services	... ..	40-42	Teaching in Hospitals	... ..	58
Public Swimming Baths	... ..	119	Tuberculosis	... ..	12, 18, 78
Rateable Value	... ..	11	Tuberculosis (Slaughter of Reactors) Order, 1950	... ..	133
Refuse Collection & Disposal	... ..	132	Tuberculosis Visiting	... ..	79
Regulations, Food and Drugs	... ..	137			
Rehabilitation	... ..	79			
Rodent Control	... ..	132	Unmarried Mothers	... ..	33
Sampling	... ..	138	Vaccination, Measles	... ..	66
Sanitary Inspection and Notices	... ..	125	Vaccination, Poliomyelitis	... ..	71
School Children	... ..	43	Vaccination, Smallpox	... ..	46, 65
School Health Service:—			Vaccination, B.C.G.	... ..	72, 78
Medical Inspection Tables	... ..	39-61	Venereal Diseases	... ..	74
Treatment Tables	... ..	69	Visually Handicapped	... ..	113
School Nurses	... ..	58			
Sewerage	... ..	129	Water Supply	... ..	130
Socio-Medical Work	... ..	101	Welfare Foods	... ..	25
Spastics	113	Wetherby Industrial Unit	100
Special Care Unit	99	Whooping Cough	71
Special Schools	52			

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